



## COVID-19 ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITIES AND EXPECTATIONS

As a member of the \_\_\_\_\_ Chapter of Tri Delta, I understand my responsibility to be in compliance with COVID-19 health guidelines in my interactions with other members, volunteers and employees. This includes wearing a face mask, handwashing, social distancing, cough hygiene, self-screening, and other precautions and practices recommended by and available by the Centers for Disease Control and Prevention (“CDC”) at [CDC.gov](https://www.cdc.gov).

I recognize and understand that preventing the spread and reducing my risk of contracting the COVID-19 virus involves continual personal decisions and precautions. I recognize and understand that guidance addressing how to protect myself and others from COVID-19 is available at [CDC.gov](https://www.cdc.gov), through local and state guidance, and other sources. I understand that this guidance can change, and that I have a personal responsibility to stay abreast of these guidance sources. I also understand that it is my personal responsibility to follow guidance provided by reputable sources.

I recognize and understand that guidance on how to protect myself from the COVID-19 virus and how to avoid spreading the virus to my chapter members and others, is available at [CDC.gov](https://www.cdc.gov). includes the following:

- Knowing how COVID-19 spreads
- Thoroughly washing my hands often
- Putting distance (maintaining 6 feet) between myself and other people
- When to cover my nose and mouth with a cloth (face mask)
- Cleaning and disinfecting frequently touched surfaces
- Monitoring my health

I will educate myself on these points and on the symptoms of COVID-19 (available at [CDC.gov](https://www.cdc.gov)).

I agree to follow this guidance while in and outside the chapter house facility and to follow this guidance for any group and chapter functions.

I agree to respect, with kindness, the health concerns of other members in my interactions with them. I agree to uphold our Purpose, by exercising “the highest responsibilities of college women.”

Dated: \_\_\_\_\_, 2020

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name



## EMERGENCY MEDICAL INFORMATION

### Resident Information

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

New Member Class: \_\_\_\_\_ Officer Position: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_

Name (other than above): \_\_\_\_\_ Relation: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_

### Medical Information

Diagnosed medical conditions I have or am being treated for that emergency personnel assisting me should know:

\_\_\_\_\_

Medications I am taking that emergency personnel assisting me should know:

\_\_\_\_\_

### Consent for Emergency Treatment

*If it is determined that I am in need of immediate medical assistance, I understand that I will be transported by car or ambulance to the nearest emergency facility/hospital. I authorize and direct the attending physicians on duty to perform emergency treatment on my behalf and contact my emergency contact on file. I further authorize that my emergency contact can be notified if medical attention is sought.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent to Communicate with Emergency Contact – COVID-19 Pandemic

*If it is determined that I am showing symptoms of COVID-19 or have tested positive, I understand that my emergency contact may be notified. I authorize the Tri Delta representative to contact my emergency contact on file.*

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TRI DELTA

## HOUSING INVENTORY AND CONDITIONS FORM

Resident Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

### Furniture Inventory:

*The following items have been provided to this room by Tri Delta Housing or your Local House Corporation. Room Residents are equally responsible for the presence and condition of all furniture upon move-out, i.e., all residents will share the costs of repair and/or replacement of the items listed below.*

Dresser

Bed

Description of Furniture Damages:

Desk

Mattress

Chair

Other

### Room Condition

### Move In

### Move Out

Ceiling and Walls Paint



and/or Wallpaper Doors



and Door Stops Door



Locks and Knobs



Flooring



Lights and Ceiling Fans



Windows and Screens



Window Latches



Window Blinds



Plugs and Switches



Closet Shelves and Rods



Cabinets



Other



*I understand that my signature below indicates that I have read, understood, and agreed to the terms outlined in the chapter house policies, Tri Delta License Agreement, and any other document governing life in a Tri Delta facility. Further, I acknowledge and indicate that I will be held accountable for any damage to the room, beyond reasonable wear and tear, throughout the last day of my lease. Any additional damage which the house corporation considers unusual, excessive, or caused by neglect or carelessness will be determined upon inspection at lease end and charges will be deducted from the previously collected deposit. Failure to return this for to my House Director upon move in will be construed as my accent that the room is without defect.*

\_\_\_\_\_  
Resident Signatures and Date

\_\_\_\_\_  
House Director or Director of Facility Operations Signature



## ROOMMATE AGREEMENT

Roommate relationships are a critical aspect of the college experience. Developing a positive relationship is a process; it does not happen overnight and takes effort. Though this agreement is not meant to be a comprehensive guide to roommate relationships, it is a great place to begin conversations around your roommate relationship and will hopefully serve as a solid foundation for a meaningful, productive and mutually beneficial relationship between all roommates. This is also intended to facilitate discussion about how roommates will interact and use their bedroom safely during the COVID-19 pandemic. Turn in the completed agreement to your house director or house manager/director of facility operations.

### FOUNDATION PRINCIPLES

Roommates should work together to define these principles specifically. These principles create an environment where residents:

1. Feel safe from harm
2. Have a clean and well-maintained space
3. Are able to prioritize academic success
4. Have respect for personal space and belongings
5. Have an environment conducive to sleep
6. Are able to communicate and resolve grievances

### PERSONAL PREFERENCES

Are **personal belongings** (think about items such as electronics, food/drinks, clothes, toiletries) shareable?

If so, what items are

Always okay to share:

Never okay to share:

Okay to share with permission:

After using the items, will you return them to their original condition (aside from food/drink)?

In general, are we comfortable sharing things back and forth?

What is the preferred **temperature** of the room?

Do you prefer the **windows** open or closed?

I would like **private time** in the room alone

- (a) a few days a week
- (b) a few hours each week

## **SOCIAL DISTANCING**

How do we plan to move about the room to feel safe and keep appropriate social distance?

How will we position ourselves in our individual beds to accommodate for appropriate social distancing?

Are there any other considerations or measures we want to put in place to be comfortable or that support us taking our health seriously while living together?

## CLEANING

When **cleaning** the room, do you prefer the room to be:

- (a) always orderly and clean
- (b) sometimes orderly and clean
- (c) never orderly and clean

When **cleaning** the room, I feel that:

- (a) we should take turns cleaning the entire room
  - (b) we should clean our own sides weekly
  - (c) we should clean our sides of the room when we see fit
  - (d) we should clean the entire room together
- \*consider creating a schedule!

When **cleaning** the room, how often will we:

Disinfect high touch surfaces (think doorknobs, light switches, desks, etc.):

Take out the trash:

Clean the floors:

Do our laundry:

Make our beds:

Pick up our belongings:

\*Review CDC guidance for [cleaning and disinfection](#) together

## SLEEPING

School night **sleeping** hours are between:

If different, non-school sleeping hours are between:

What activities are not okay while **sleeping** (think TV, music, hairdryer, guests, lights, open door):

If we are being disturbed, how will we communicate?

Do you consider yourself a light, heavy or neutral sleeper?

## STUDYING

Where do you prefer to **study**?

General **study** times in the room are between:

When **studying**, I prefer:

- (a) low music
- (b) silence
- (c) TV off
- (e) no talking on the phone
- (f) door closed

## VISITORS

Do we feel comfortable having **other residents** in our room?

If so, do they need to wear a mask?

Wash/sanitize their hands?

Touch or use our personal belongings?

Is there a time limit on their visit?

Can they be left alone?

## COMMUNICATION AND RELATIONSHIP

Preferred means of **communication** when conflict arises:

(a) face to face

(b) group text/message

(c) notes in room

(d) phone conversation

What kind of **relationship** are you looking for from a roommate?

When I am upset, angry, experiencing failure, or experiencing success, how do you want your roommate to react?

How do we plan to interact with each other?