

Student Union Memorial Center | Room 411 | Tucson, AZ 85721 (520) 621-8046 | DOS-Greek@arizona.edu

HQ Alcohol Education and Risk Mitigation Training Proof of Completion Spring 2024

At the University of Arizona, we want our fraternity and sorority members to have a fun, memorable, and safe experience. Through training, education, and partnership with chapter headquarters, we provide the necessary tools chapters need to create a safe, healthy, and responsible environment that allows all members to be successful in their daily endeavors.

For social event paperwork to be submitted and events to be registered certain organizations must have their members complete an alcohol education and risk mitigation program for members facilitated by headquarters personnel, in addition to all other policies and educational requirements being met.

University of Arizona Social Events Policy - https://greek.arizona.edu/fsp/social-events-policy

This form must be completed by headquarters personnel and emailed to <u>GreerVinall@arizona.edu</u> and CC <u>ArizonaEWA@gmail.com</u>. This form will not be accepted if it is emailed by a student. Questions should be sent directly to Greer Vinall, Assistant Director Fraternity and Sorority Programs.

Fraternity/Sorority Name:				
Headquarters Staff Member Information				
Name:				
Position:				
Phone:	Email:			
Facilitator Information				
Name:				
Position:				
Phone:	Email:			
Chapter Member who Coord	inated Training			
Name:				
Position:				
Dhone	Email:			

Was the training held in-person or live via zoom? In-Person Live Via Zoom Other Please describe:
If the training was held on Zoom, how did you maintain member engagement and attention?
Please select the option that best describes who attended:
New member class only Entire chapter
New member class and potential "bigs" Other (please describe):
How many members attended?
What percentage of the chapter was in attendance? □ < 25% □ 26 – 50% □ 51 – 65 % □ 66 – 80 % □ 81 – 90 % □ 91 – 99 % □ 100 %
What officers (executive and general/board) were in attendance?

When was the training held (date and time)?

Please	select the topics that were covered in your training:			
	Chapter event/risk management policies and procedures			
	Alcohol use and signs of overconsumption			
	Drug use and signs of overdose			
	Bystander intervention			
	Sexual assault prevention and reporting			
	Being an effective non-drinking event monitor			
	How to get help and respond in different scenarios			
	Other (please list):			
	Other (please list):			
	Other (please list):			
What o	provide a description of the training. content was covered, were members engaged, what (if any) activities ement like, were any assessments given, etc.	were done, what was audience		
By sign	ning below, I certify all information on this form is true and correct.			
HQ St	aff Member Signature:	Date:		
Facilita	ator Signature:	Date:		