

Preamble

The Lamplighters Code of Conduct serves as a foundation of values designed to develop and promote the principles upon which Omega Lamplighters was founded. Young men who join the Lamplighter voluntarily accept membership into an organization of young men dedicated to the advancement of the principles of Leadership, Academics, Maturity, and Perseverance through emphasis upon academic excellence, community service, and personal growth. Our standard of conduct brings an expectation higher than that of a "good person"; and challenges our members to pursue "greatness" both personally and professionally.

The staff of the Omega Lamplighters expects its members to conduct themselves in a manner that is consistent with the organization's pursuit of its cardinal principals and national program objectives. **The integrity and brand of the organization depends upon each member's acceptance of individual responsibility and respect for the rights of others.**

The disciplinary rules described herein are to be considered the "moral minimum" within the group. This Member Code of Conduct and Disciplinary Policy are meant to provide strong guidance as a minimum moral standard with which all members should strive to exceed. CODE OF CONDUCT AND ETHICS have been established by the Lamplighter staff to protect its mentoring purpose, to provide for safe and orderly activities and, where applicable, to safeguard the interests of the school community by asking members to uphold the rules and regulations of the schools that enroll Omega Lamplighter students.

CONDUCT FOR ACTIVITIES

Public Service Projects:

All members of the Omega Lamplighters are required to do, at minimum, one verifiable public service project a month. Public service activities may include participating with the Upsilon Gamma Gamma Chapter of Omega Psi Phi Fraternity, Inc., working at the school, volunteering at church, etc. Failure to participate in public service project will be cause for dismissal in social activities, unless excused by the advisors. All public service activities will be governed by the community service coordinator.

Social Activities:

The advisors of the Omega Lamplighters must clear participation in special events, activities, and/or programs as a Lamplighter. Members of Omega Lamplighters will not be permitted to participate in any social activities if they do not attend meetings and public service projects, unless excused by the advisors.

Requirements for Maintaining Membership:

- Must maintain adequate academic standing minimum grade point average of 2.0
- Must adhere to dress attire for all mandatory events.
- Must turn in a report card and progress report card to the workshop specialist at each workshop.
- Must participate in a community service project once a month with the Omega Lamplighters.
- Must participate in a quarterly church service with the Omega Lamplighters.

General Code of Conduct:

The following violations will result in immediate suspension:

- Repeated infraction of academic rules and regulations set forth by the Advisory Board.
- Repeated infraction of dress code. See below
- Two or more tardiest to a mandatory event. (A group leader should be notified of any absences 24 hours before the absence.)
- Lewd use of profanity in public and in meetings.
- Insulting other Omega Lamplighters and/or members or Lamplighter staff.
- Participating in a physical/verbal altercation with members of Lamplighters, staff, schoolmates/classmates/peers, and/or any other groups not mentioned.

Attire

Due to the fact that the Lamplighters meet once a month, attire is business casual. Business casual will be defined as follows:

- Shirt (white dress shirt, gold, purple, black)
- Pants (black dress slack, blue jeans,)
- Black (belt)
- Dark socks (black)
- Shoes (black dress shoes, black tennis shoes)
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Lamplighters are required to dress formally one day a week. Lamplighters are also required to wear organization paraphernalia one day of week (to be designated by members).

Absences

Each Lamplighter member is expected to actively participate in **every mandatory** function. Not only is each member expected to participate, he is also expected to be **timely**. When a Lamplighter reaches his 2nd unexcused absence, he will receive a letter stating that he has been suspended. Absences include missing a meeting (or arriving 10 minutes late or more), missing a community service, missing a fundraiser, and/or failing to turn in progress reports at the designated time.

Good Academic Standing Press **Esc** to exit full screen

In order to remain in good academic standing and not be subject to expulsion, an Omega Lamplighter must maintain a cumulative grade point average of at least 2.0, measured at the end of each academic semester, as well as maintain an average of 2.0 for each nine weeks, including the student's last year before graduation. A student who fails to achieve a 2.0 average during a 9 week period will be placed on academic suspension. A student who is placed on academic probation for two quarters during their time as a Lamplighter will be expelled from the program.

Code of Academic Conduct

The standards of academic conduct for Omega Lamplighters are distributed to all students to insure that there is no gap between students' customs in the conduct of their behavior as they continue into the program and the standard of integrity expected of future members in the program. Furthermore, the community benefits from an explicit statement of standards of the program's academic integrity. However, all language is subject to varying interpretation, and if any question exists in the mind of any student as to proper conduct in any specific instance, the student is required to clarify the matter by appropriate inquiry or to adhere to the strictest possible interpretation.

Infractions of this Code are serious matters which may lead to expulsion, and/or suspension. They also reflect upon the moral character of the actor, one of the prime considerations for admission to the program. The Omega Lamplighter program has a duty to reflect in a student's record proven instances of infractions regardless of the disciplinary action taken in the particular case.

Penalties Defined

A. Expulsion. An expelled member shall:

- Surrender to the Executive Director or his designee any of the Omega Lamplighter paraphernalia that was given as a conditional use for members
- Not attend any social meeting of any Omega Lamplighter event.
- Cease to identify himself with the organization in any manner on or off campus.

B. Suspension. A member may be suspended for:

- Surrender to the Executive Director or his designee or his designee any of the Omega Lamplighter paraphernalia that was given as a conditional use for members for a period of time to be determined by the Advisory Council.
- Not attend any social meeting of any Executive Director or his designee event attended by the public unless and expressly permitted to do so by the Executive Advisor
- Cease to identify himself with the Omega Lamplighters in any manner on or off campus until expressly permitted to do so by the Executive Director or his designee

C. Probation. A Member on Probation shall:

- Follow the limitations, restriction, and terms of the probation.
- Attend all required functions (missing a required function while under probation will result in indefinite suspension).

ACKNOWLEDGEMENT FORM FOR CODE OF CONDUCT AND ETHICS

I have read and am familiar with Omega Lamplighters Code of Ethics and Conduct. I will comply with and enforce the policies in this Code in its entirety.

I understand my responsibility to promptly report any incident of misconduct or perceived misconduct that I may experience or witness. I further understand that the Omega Lamplighters takes a zero-tolerance approach to violations of this Code, and that violations of the Code will result in consequences outlined in this document.

By signing this acknowledgement I am indicating that I have read and will abide Omega Lamplighters Code of Ethics and Conduct.

Applicant Signature

Applicant name (printed)

Parent/Guardian Signature

Date



OMEGA LAMPLIGHTERS CLUB CONSTITUTION

I. NAME

The name of the organization shall be the Omega Lamplighters Club.

II. MISSION STATEMENT

The mission is to work with and establish relationships with young men to offer support, guidance, assistance and to guide them in their transformation to manhood and instill high leadership and academic skills.

III. PURPOSE/OBJECTIVES

The purpose and objectives of the organization are:

- A. To work with young men toward personal development.
- B. To assist young men in setting and achieving high academic, moral and ethical goals to become a better citizen.
- C. To teach organizational and time management skills.
- D. To encourage and foster Christian principles.
- E. To help and encourage the young men to adopt the principles of Manhood.
- F. To help and encourage the young men to develop leadership skills to serve as role models.
- G. To assist parents and teachers in the development of a total work effort.
- H. To develop the desire to persevere in adverse situations.
- J. To develop an awareness of community needs and desire to render community service.
- K. To develop well rounded young men with values, perception and skills to thrive and succeed in today's society and yet maintain strong ties to their families and communities.

IV. MEMBERSHIP

- A. A member of this organization must agree to be bound by the provisions of this constitution.
- B. Membership shall consist of young men ages 12 through 18. Young men that are younger are only permitted if he is a Son of a member of the Omega

Psi Phi Fraternity, Inc. and that member agrees to be present at the meeting and work with the Lamplighters mentoring program.

- C. Member and prospective members shall have or pursue good moral standards and pursue academic excellence and have a desire to be a team player.
- D. All members of the Omega Lamplighters Club shall be approved for a probationary period by the advisory committee.
- E. Members of the Augusta Chapters of Omega Psi Phi Fraternity, Inc. are eligible to submit names of prospective Lamplighter members.
- F. Members who fail to attend three (3) consecutive regular meetings without an acceptable excuse shall automatically be dropped from the membership.
- G. Acceptance into the organization will be determined by attendance, behavior and performance during a two (2) month probationary period.
- H. Membership status and admission will be undertaken from August 1st to November 1st of each year.
- I. The previous school year report card and/or transcript of each aspiring member shall be required as part of the application for membership.
- J. Dues will be determined by a vote of the membership.
- K. Any member who conducts himself properly, is in good financial standing, and attends meeting regularly shall be eligible to hold office and chair a committee.
- L. Dues shall be determined annually by the membership. Members who are not financial will not participate in any activities of the organization.
- M. The selection of new members shall follow a probationary period and be based on the number of names submitted through the Fraternity and Lamplighter members. Selection shall be by the advisory committee.

V. MEETINGS

- A. Meeting of this organization shall be on the first and third Saturday afternoon of each month during the school year. The meeting time and place shall be mutually agreed upon by the group.
- B. Call meetings shall be scheduled by the advisor when necessary.

IV. QUORUM

Twenty percent (20%) of the membership shall constitute a quorum for the transaction of business.

VII. ADVISORS

The advisors shall be members of the Augusta Chapters of Omega Psi Phi Fraternity, Inc. At least one advisor must be in attendance at all meetings. The advisors serve as consultants on all matters pertaining to the organization's activities and to veto any action proposed by any committee, the officers and/or the organization itself that is not in accord with this Constitution or the policies of the Augusta Chapters.



OMEGA LAMPLIGHTERS INFORMATION SHEET

Name: _____

Nickname: _____

Birthdate: _____

Email Address: _____

Cell Phone/(Parents Cell): _____

School: _____

Shirt Size: _____

Interesting Fact: _____

Extracurricular Activities: _____

Church (if applicable): _____

Family (Siblings): _____

High School/Middle School Goal: _____

LAMPLighters Goal: _____

Life Goal: _____

Something People Don't Know: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form.)

Circle questions if you don't know the answer.

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>

2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
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3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
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HEART HEALTH QUESTIONS ABOUT YOU

	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
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6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
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7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
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8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>
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HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
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HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
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13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
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BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____
