**Campus Resource Worksheet for Collegiate Chapters**

Chapter:

This form should be completed by the vp: member education at the beginning of each academic year and be provided to members as a resource. Fill in each section with the applicable information for your campus. Review this at the first chapter meeting of the academic year and post in a visible location in the chapter house/lodge, if applicable. This document should also be emailed to all members and new members. Please submit a copy to your RCS/CAC/NCC and [colldept@deltagamma.org](mailto:colldept@deltagamma.org).

**COUNSELING SERVICES:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**BEHAVIORAL INTERVENTION/CARE TEAM:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**STUDENT HEALTH AND WELLNESS:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**UNIVERSITY POLICE/PUBLIC SAFETY:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**OFFICE OF FRATERNITY AND SORORITY LIFE:**

|  |  |
| --- | --- |
| **Name of Chapter’s Fraternity/Sorority Advisor:** | **(Secondary) Name of Fraternity/Sorority Advisor:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**ACADEMIC SUPPORT/TRAINING:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**\*SEXUAL ASSAULT CENTER/TITLE IX COORDINATOR/OFFICE:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**Optional: Availability of the following resources will vary by campus. Checking to see if your campus provides the resources is suggested.**

**\*SEXUAL ASSAULT ADVOCATE:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**WOMEN’S CENTER:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**PEER ADVOCATE PROGRAM:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**LGBTQIA+ CENTER:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**OFFICE OF DIVERSITY, EQUITY AND INCLUSION OR MULTICULTURAL CENTER:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**CAMPUS RELIGIOUS PARTNERS AND SERVICES:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |
| **Name of Office/Department:** | **Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

**CAMPUS IMMIGRATION SERVICES:**

|  |  |
| --- | --- |
| **Name of Office/Department:** | **(Secondary) Name of Office/Department:** |
| Phone Number: | Phone Number: |
| Address: | Address: |
| Hours of Operation: | Hours of Operation: |
| Types of Services Offered: | Types of Services Offered: |

Other:

Other relevant on-campus resources (if applicable):

**INTER/NATIONAL MENTAL HEALTH RESOURCES:**

* SAMHSA’s National Helpline: **800-662-HELP (4357)**
* To Write Love on Her Arms Crisis Text Line: Text **TWLOHA to 741741 (US)** and **HOME to 686868 (Canada)**
* National Suicide Prevention Lifeline: **800-273-8255**
* The Trevor Project (suicide prevention for LGBTQIA+ youth): **866-488-7386**
* To have a free, confidential chat with a trained counselor 24/7, text **HOME to 741741** or call **1-800-273-TALK (8255)**

***\*Confidential vs. non-confidential resources for survivors of sexual assault or violence***

*If a member is sexually assaulted or a survivor of sexual violence, it is important to know there are support resources available. If they are not certain about whether they would like to report the incident, the confidential (they are not required to report your assault to anyone) resources available are generally counseling centers, health centers, clergy members and campus victim advocates or community advocates. If the member is confident about their choice to report, in addition to the confidential resources listed, the following non-confidential resources are generally available: Title IX Coordinator, police, and campus safety. Please note, new Title IX regulations do not identify who must be a mandatory reporter and coaches, faculty and university staff are no longer required to be mandatory reporters (non-confidential resources). College and universities retain control over who within their institution is considered a mandatory reporter.*

*An important note about confidentiality: with new Title IX regulations, most campus/university professional staff and faculty are no longer required to report suspected incidents of dating violence, sexual violence and stalking to the university. However, as this is the minimum standard, many universities have broader requirements for mandatory reporting. To ensure that you understand your own campus mandatory reporting guidelines, ask the Title IX coordinator. Mandatory reporting is in place to help the campus ensure that the student has access to the services they need, and to minimize any threat to the campus community if the abuser is also a student or staff/faculty member. Victim advocates, licensed counselors, medical staff and clergy do not have to report to the university administrators. In most instances, they can discuss the situation with students confidentially. If unsure about whether the resource has to report, the member always has the right to ask about confidentiality before choosing to share her experiences.*