



## Code of Conduct 2012 Season

### T.A.P. Group Members

***\*\*\* Our desire is to maintain a positive, encouraging, and Christ honoring environment for all participants. To that end, we ask parents and members to carefully read and partner with us in striving to uphold the following guidelines.***

Minimum age for members participating is 16 years of age.

As T.A.P. Groups are a teaching environment, cell phones, lap tops, iPads, and iPods are not permitted for use during group. Members using either will be asked to give their device to parent or facilitator for safekeeping until the end of the meeting.

Attentive hearts and attitudes are imperative during the etiquette, manners, and lesson part of the meeting.

When facilitators are teaching, members should be respectful, courteous, and attentive at all times.

Members who may already know a lesson being taught are still expected to participate. Ideally, you should partner with a newer member, in order to help them learn the lesson more quickly, and benefit from your experience.

Members should not disengage in a lesson. Additionally, members should be intentional to teach and learn from one another throughout the evening, including with those they have not yet met.

Members are to remain in the meeting locations at all times except during water and restroom breaks. For security purposes and in respect of the hospital facility, no other parts of the building are open to our members.

Physical displays of affection (PDA), rude/ crude speech or behavior, bullying are not permitted in any form at T.A.P. / B.A.S.S. Groups!.

If a member needs to leave early for any reason, they must sign out with facilitator and notify parent before leaving. No member may leave early without guardian consent. When a member refuses to follow program guidelines, or repeatedly breaks the spirit of this commitment, their parent/caregiver will be invited to co-teach and observe to offer solution options and or the TAP member may be asked to sit out one or more groups, events, or no longer be able participate in the program.

**Last Name** \_\_\_\_\_

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One parent per family is asked to serve as a group facilitator / assistant and or in group meal preparation at least once per month / season. Please indicate the **month** (January-March) you would prefer to serve. You will receive a reminder email or phone call the week of your service date.

Please print parent name \_\_\_\_\_ and

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I have read these guidelines and agree to honor them to the best of my ability. If approached by leadership with a reminder of any of the above guidelines, I will adjust my behavior immediately and with an attitude of respect and cooperation.

Member 1 Name \_\_\_\_\_ Signature \_\_\_\_\_

Member 2 Name \_\_\_\_\_ Signature \_\_\_\_\_

Member 3 Name \_\_\_\_\_ Signature- \_\_\_\_\_

Parent Signature- \_\_\_\_\_

*Please sign and return page two of this form, and save page one for your personal records and review.*

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Administrative use only

Reminder/Action Log

Date \_\_\_\_\_

Action \_\_\_\_\_

Date \_\_\_\_\_

Action \_\_\_\_\_

Date \_\_\_\_\_

Action \_\_\_\_\_