



COVID-19 Chapter Operation Form

Chapter _____ School _____ Date _____

Instructions: *Please complete this form as a chapter prior to your chapter's scheduled visit.*

Are you aware of the PIVOT! Guidance document? ☐ YES ☐ NO

What are your school's policies regarding COVID-19 and student activities/organizations/greek life (depending on how you are categorized at your institution)?

Are there any restrictions on gatherings? If so, what?

Are there any restrictions on your band program? If so, what?

What challenges is your band program facing right now?

How has your chapter been handling meetings?

What are the chapter's main concerns with COVID-19?

What concerns do chapter officers have with completing their duties?

Do you have any concerns about recruitment and membership education during this time?

What questions do you have regarding the completion of OMRS paperwork/paying dues during this time?

What questions do you have about virtual operations?

What questions do you have for the CFR regarding chapter operations during this time?