Best Practices For Using Virtual Student Programs

At PAST we understand that the shift into the world of virtual engagement is one to take with care and consideration for all parties involved, especially for our students. We want parents/guardians to feel secure and know that we are taking all necessary steps to insure that your child's virtual interactions with us during our programs are safe and effective.

Please see the information below in regards to getting started and best practices with ZOOM.

GETTING STARTED

1. ZOOM is a free video conferencing platform that is used worldwide. If you do not already have an account with ZOOM, please make sure to register for one before the start of the program. You can do so at zoom.us.

2. For PAST Virtual Programs, we recommend using a computer when using ZOOM. We do however understand that this cannot always be the case.

3. Once you have downloaded the ZOOM app onto your device, please explore the settings. You want to make sure that test your microphone and speaker.

4. If you are new to ZOOM this is a link to a short tutorial https://youtu.be/hIkCmbvAHQQ.

BEST PRACTICES AND EXPECTATIONS WHILE IN A PAST VIRTUAL PROGRAM ZOOM

- Be respectful.
- Recognize that everyone has expertise.
- Share experiences.
- Use the chat feature when you have a question.
- Mute your microphone when not speaking.
- Do not share your screen unless you as specifically asked to share.
- If under the age of 10, you must be supervised by an adult while in the Program ZOOM.

AT PAST WE WILL MAKE SURE TO ALWAYS

- Have necessary entry features turned on during each Virtual Program within ZOOM. This includes:
  - Requiring a password to join the ZOOM.
  - Setting up a “Waiting Room” for participants before being admitted into the ZOOM meeting.
  - Monitor participant Chat and Screen sharing capabilities during the ZOOM meeting.
  - Remove any participants who are not following best practices while in the ZOOM meeting.
  - Be as responsive and helpful as possible through the Program to any technology needs of our participants

I have read and understand the best practices for using Zoom as a virtual platform.

Parent Name (Print): ___________________________ Parent Signature:_____________________________

Student Name (Print): __________________________ Student Signature:____________________________
Virtual Program Rules and Regulations

At the PAST Foundation we strive for our virtual programs to be fun, educational and safe for everyone involved. Please read through the virtual program rules and regulations below. Student and Parents/Guardians must initial each point.

Virtual Program Conduct

In order for a virtual program to be fun and educational the following rules govern student conduct in our virtual program space:

1. Students will treat each other and the instructors with courtesy and respect. The instructors will do the same with the students.
2. Students’ written and oral communications must be free of vulgar, befitting, or offensive language, or any other forms of bullying.
3. Students must abide by the rules, policies, and procedures established by the program instructor.

Students who violate the virtual program rules will be warned by the instructor to correct their behavior. If the student does not comply with the warning they will be asked to the leave the program for the rest of that day. If they have still not fixed their behavior by the next program day they will be asked not to rejoin the program.

__________________________________  __________________________________
Student Initials  Parent/Guardian Initials

Use of Language and Images

Students must not use vulgar, obscene, abusive or demeaning language, writing, pictures, signs or acts in written or oral communications. Students are prohibited from posting content from or links to suggestive, lewd or otherwise inappropriate websites. This action will result in immediate removal from the program.

__________________________________  __________________________________
Student Initials  Parent/Guardian Initials

Harassment, Intimidation and Bullying

The PAST Foundation has a zero tolerance policy towards bullying, intimidation and harassment. Intimidation, harassment, bullying, fighting and racial and/or sexual harassment are violent acts against others. These behaviors will not be tolerated, and the student will be removed from the program immediately.

__________________________________  __________________________________
Student Initials  Parent/Guardian Initials

I have read and understand the virtual program rules and regulations.

Parent Name (Print): ___________________________  Parent Signature:_____________________________
Student Name (Print): __________________________ Student Signature:____________________________
Project Image Release

Program: ________________________________  Student Name: ________________________________

I, ___________________________ the undersigned, am over the age of eighteen (18) years or I am granted permission by a parent or guardian and agree to the following:

1. I hereby irrevocably consent to the use by the PAST Foundation, their agents or assignees, the use of my name, biographical or occupational description, phrases regarding me, portrait, picture, likeness or voice in a recording, videotape, motion picture film, television production or reproduction, sound track recording, film strip, film photograph, CD-ROM, or otherwise (all individually and collectively referred to as "Media") for uses associated only with this project.

2. I consent to the use of my name and biographical material, portrait, picture, likeness, or voice for informative purposes and for the advertising, publicizing, and exploitation of the Media. Such uses as may be made will not constitute a direct endorsement by me of any product or service.

3. I hereby grant to the PAST Foundation, their successors, assigns, and anyone acting under the authority or permission of any of them, the right to make originals where appropriate and to use for any lawful purposes and reproduce in any form or manner and to copyright any of the Media referred to in the preceding paragraph.

4. Further, I waive all rights of inspection or approval and agree that such Media and all reproductions including, but not limited to, plates, negatives, videotapes, digital renderings, website material, and exposed film connected therewith are and shall remain the property of the PAST Foundation, its subsidiaries, and its associated companies.

5. I acknowledge that I understand that all materials generated by me as a result of my participation in and with this project are the property of the PAST Foundation and my use or reproduction of said products requires written permission of the PAST Foundation, its subsidiaries, and its associated companies.

Signature: ________________________________  Date: ____________________
Print Name: ____________________________________________
Address/City: ____________________________________________
State/Postal Code/Country: __________________________________
Phone: ________________________________________________

If the above is a Minor, a signature is required by Parent or Legal Guardian:

Signature: ________________________________  Date: ____________________
Print Name: ____________________________________________
Relationship: ____________________________________________
Address/City: ____________________________________________
State/Postal Code/Country: __________________________________
Phone: ________________________________________________
Witnessed By: ________________________________  Date: ____________________
Signature
Print Name: 1003 Kinnear Rd, Columbus, Ohio 43212 • Phone: 614-340-1208 • Fax: 888-253-0795

Revised 2014