

Faculty Member and Bullying Prevention Team Leaders Anti-Bullying Pledge

By signing this pledge, I, a Faculty Member and/or Bullying Prevention Team Leader of _____ agree to join together with students to **Step Up, and Speak Out to Stop Bullying.**

I believe that everybody should enjoy our school equally, and feel safe, secure and accepted.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable. The victim is never responsible for being a target of bullying.

By signing this pledge, I agree to:

1. Be aware of the school's policies and support system with regard to bullying.
2. Receive reports of bullying from students readily and take all reports seriously. Be sure all reports are filed with the Bullying Prevention Team Leader.
3. Be alert and watchful in places around the school where there is less adult supervision such as bathrooms, corridors, and stairwells.
4. Support and listen to students who have been subjected to bullying.
5. Talk to the Bullying Prevention Team Leader about any concerns and issues regarding bullying.
6. Work with students, parents and faculty, to help the school deal with bullying effectively.
7. Discuss bullying issues in the classroom.
8. Participate fully and contribute to assemblies dealing with bullying.

I acknowledge that I will **Step Up, and Speak Out to Stop Bullying!**

Signed by: _____

Print name: _____

Date: _____

