



*Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application*



Potential Participants and Parents/Guardians:

Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities. Delta Sigma Theta currently sponsors several programs designed to promote the development of young girls and boys. Such programs as Delta G.E.M.S "Growing & Empowering Myself Successfully" and E.M.B.O.D.I. The Delta G.E.M.S. Institute is a youth community program once known as Delteen was implemented by the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. in conjunction with the Delta Educational and Cultural Foundation. Its primary focus is on teen girls between the ages of 14-18 and/or enrolled in grades 9-12.

The GOALS for Delta G.E.M.S. are:

- To instill the need to excel academically
- To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success
- To assist girls in proper goal setting and planning for their futures high school and beyond
- To create compassionate, caring, and community minded young women and actively involve them in service advocacy and community service opportunities

The 2016-2017 Delta G.E.M.S. application/Risk Management packet is being accepted from interested young ladies who meet the criteria.

Criteria for Participation

All potential Delta G.E.M.S. must meet the following criteria:

- Girls ages 14-18
- Submit a completed application
- Submit one (1) letter of recommendation from one of the following:
 - Teacher or guidance counselor
 - Employer
 - Minister
 - A Sponsor /Advisor of any affiliation/organization
- Submit most recent report card
- Submit all applicable consent forms to participate with parental signature
- Submit a Code of Conduct with parental signature
- Attend the mandatory student/parent orientation session

Applications for participation in Delta G.E.M.S. will be held once a year.

Please return all applications to:

Attn: Delta G.E.M.S. P.O. Box 141885 Anchorage, Alaska 99514	E-mail to: DSTAlaskaAlumnae@gmail.com
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THIS PACKET MUST BE COMPLETED AND RETURNED ON OR BEFORE _____.
 ALL forms enclosed in application packet must be signed when appropriate.

Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter

Delta G.E.M.S. Application

Failure to submit a completed packet will exclude consideration of the applicant.

Parent or Guardian Information:

Parent(s)/Guardian(s) Name: _____

Home Number: _____ Work Number: _____

Parent(s)/Guardian(s) Cell Number: _____

Parent(s)/Guardian(s) E- mail: _____

Participant Information

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

T-shirt Size (select one): XS ___ S ___ M ___ L ___ XL ___ XXL ___

Church Affiliation: _____

School _____ Grade (2016-2017) _____ GPA _____

A COPY OF YOUR MOST RECENT REPORT CARD MUST BE SUBMITTED WITH THIS APPLICATION.

Report card provided

How did you hear about Delta G.E.M.S.? _____

Do you have an immediate family member of Delta Sigma Theta Sorority, Inc.? Y ___ N ___

If yes, please give name: _____

List all extracurricular or after-school activities

*Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application*

List and describe your involvement in non-school related activities and community service. i.e. church, public service, etc.

Are you currently employed? Y _____ N _____

If yes, where? _____

If no, do you plan to work? Y _____ N _____

Why do you want to participate in the Delta G.E.M.S. program?

This portion of the application to be completed by parent or guardian

Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application

Consent to Participate

I voluntarily give permission for _____
to participate in the Delta GEMS Program sponsored by the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I am authorized to give permission for the student to participate in the program.

My child's participation is completely voluntary. Delta Sigma Theta Sorority, Inc. Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and its related entities will make every effort to protect the welfare of the Delta GEMS participants; however the program committee members are not responsible for ensuring the physical, mental, social and medical health of the program participants. As a parent/ guardian, I am responsible for the welfare of my child. The committee may suspend a student's participation if their behavior does not reflect the spirit of the program.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Photo/Video Authorization and Release

I, as parent or legal guardian of _____, give permission for her to be photographed and videotaped. My signature gives consent to the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images taken of my child while in the Delta GEMS Program, without payment or any consideration and without notifying me. I understand and agree that these images will become the property of the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc., which shall have complete ownership of the images. I agree to hold harmless and release and forever discharge Delta GEMS/ Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and any of its officers and members, national executive board, employees, representatives, and agents from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application

Youth Pick Up Authorization

I authorize the persons listed below to pick –up my child from the Delta GEMS youth initiatives program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore I will notify all authorized persons of this requirement so that they will be aware and prepared.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Field Trip Authorization

I, as parent or legal guardian of _____, give permission for her to participate in the Delta GEMS Program's activities taking place off site. I understand that transportation to and from these activities may be provided for my child by the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that the field trips are part of the program and if I choose to not have my child participate in one or more off-site activities, I must make other care arrangements for my child during the times of that field trip activity. I assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Delta GEMS program, its officers, agents or employees. I do hereby agree to release and hold harmless Delta GEMS/ Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its officers, National Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my child or damage to my child's property arising from my child's participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Delta GEMS/ Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its officers, National Executive Board, employees, members, representatives, agents and assigns.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

*Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application*

Emergency Contact Information

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Medical Information

The health of the participant is the responsibility of her parents or guardians. The Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. strongly recommends annual health examinations and dental checkups. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of Delta Sigma Theta Sorority, Inc. to be assured, as far as possible, that the participants are physically able to take part in the activities of the program.

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the Delta GEMS program?

None Yes

If yes, please provide detailed explanation

Delta Sigma Theta Sorority, Inc- Alaska Alumnae Chapter
Delta G.E.M.S. Application

Does child have any significant food/medication/environmental allergies that may require emergency medical care during the Delta GEMS program? None Yes

If yes, please provide detailed explanation

Specify any other serious or severe illnesses or accidents:

Does child take prescribed medications? None Yes

If yes, name the medications:

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.)? None Yes

Name the Device(s):

Reason for use:

Delta Sigma Theta Sorority, Inc.- Alaska Alumnae Chapter
Delta G.E.M.S. Application

Medical Authorization

In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardian of the child. In the event that I cannot promptly be reached by phone, I hereby give permission to seek and secure any emergency medical or surgical care for my child. I will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my insurance company.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Non Prescription Medication Authorization

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent included). I understand that medications will be administered with discretion by an authorized member of the Delta GEMS committee and in accordance with established protocols developed by Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The following nonprescription medications may be available to your child:

For headaches/fever/muscle aches/pain/cramps:

- Acetaminophen (e.g., Tylenol)
- Ibuprofen (e.g., Advil, including Children's liquid, Motrin)
- Naproxen (Aleve), Midol, & Excedrin.

For bites/allergic rashes:

- Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%)
- Benadryl liquid or capsules.

For nasal congestion/sinus pressure:

- Decongestant

For coughs and sore throat:

- Throat lozenges

For upset stomach:

- Antacid liquid or chewable tablets (e.g., Mylanta)

For sun protection:

- Sunscreen lotion SPF 30.

I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

*Delta Sigma Theta Sorority, Inc.- Alaska Alumnae Chapter
Delta G.E.M.S. Application*

Physician and Insurance Information

Student's Name: _____ D.O.B.: ____/____/____

Name of Physician: _____

Phone: _____

Health Insurance Company: _____

Phone: _____

Policy Number: _____

Group Number: _____

Name of Policy Holder: _____

Waiver and Release

I, as parent or legal guardian of _____, do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns, from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect my child's participation in the Delta GEMS program. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to my child which may be caused by any act, or failure to act, by the Delta GEMS program, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to my child's personal property.

I do -or- ***I do not*** (please check one) _____ give my child permission to sign herself in and out of Delta G.E.M.S. meeting sessions.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Delta Sigma Theta Sorority, Inc.- Alaska Alumnae Chapter
Delta G.E.M.S. Application
To be completed by a parent or guardian and the applicant

Code of Conduct

I will respect all participants (other youth and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others. Such offense may result in a loss of privileges and my parent or guardian may be notified. I will respect the property rights of others. This means do not damage or deface the building or property within the building where activities are held. Do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo on any clothing, books, bags or other items. I will clean up all work areas properly and return supplies to their proper place after using them. I will listen carefully to directions and when someone else is talking.

I will stay within the designated areas within the building and respect designated quiet areas. I understand that my attendance will be monitored and more than two (2) unexcused absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips. In the event I must miss an event, I will contact the committee chair(s) at least 24 hours ahead of the activity. I will cooperate and participate in organized activities. I will be on time for all scheduled activities, and be open to new ideas. I will assume full responsibility for all personal belongings.

Please leave valuables at home. I will not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time. Such items and usage during the activity may result in immediate dismissal from the program. I understand that unacceptable behavior will not be tolerated. If the unacceptable behavior continues, after the initial occurrence I may be removed from the program. I understand that if I am sent home early due to misconduct, it will be my parent's responsibility to provide transportation regardless of the time of day or night. I understand that any additional costs for transportation will be my parent's responsibility. I understand that my attitude and behavior are central to the success of this activity sponsored by the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Therefore, for the good of this activity as well as for myself and my fellow group members, I agree to abide by the statements above:

Student Signature: Date: _____

I have read and understand the Code of Conduct. I understand that my child's compliance with the Code of Conduct is a condition of her participation in the Delta GEMS Program.

Parent Signature: Date: _____

DELTA GEMS

CODE OF CONDUCT CONTRACT

Sorority Responsibilities:

- We will create a welcoming and positive learning environment for the GEMS.
- We will ensure that GEMS are supervised at all times.
- We will not leave the meeting facility until the last GEM is gone.
- We will conduct meetings in a business-like manner.
- We will begin and end meetings on time.

Parent/Guardian Responsibilities:

- I will ensure that my daughter is dropped off and picked up on time for each session
- I will make sure that my child is on time and strives for 100 percent attendance, and contact the committee if my child is absent.
- I will participate in activities where parental support is requested.
- I will support the purpose of the program by encouraging my daughter to do her very best in all activities.

GEMS Responsibilities:

- I will respect everyone else's privacy. There will be no teasing scolding or prying. Each individual has the right to decide whether to share private thoughts during meetings or discussions.
- I will show everyone respect when others are talking or discussing. I will listen and not interrupt. I understand that the idea is for the whole group to arrive at its goals, and that each individual will progress at a different rate.
- I will uphold the family confidentiality. There will be no telling. What happens and what is said within the group stays within the group. In my presence, group members will feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the group will find out things they'd rather keep private.
- I will trust my group members and my group members can receive that same trust from me. There will be no blaming and no lying.
- I will make my best efforts to be honest, accepting that no one is perfect and everyone makes mistakes from time to time.
- I will do my best in school by completing all my homework assignments, listening and respecting my teachers and carrying myself in a ladylike fashion.
- I will be positive and try to encourage everyone in the group to have a positive attitude.
- I will show up to at least 80% of group meetings and activities.
- I will dress appropriately to all meetings.

(GEM Signature)

(Parent/Guardian Signature)

(Delta Signature)

Print

Print

Print

(Date)

(Date)

(Date)

*Delta Sigma Theta Sorority, Inc.- Alaska Alumnae Chapter
Delta G.E.M.S. Application*

Media Release

I hereby give my consent to all photographs, statements and/or interviews taken of me or my minor child by the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or their designee. It is my understanding that this photograph/interview or portions thereof will be used for public view. These photographs will remain the property of the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and may be used in publications and marketing campaigns.

I agree to participate in this project without financial remuneration, and I understand that this releases the Alaska Alumnae Chapter of Delta Sigma Theta Sorority, Inc., photographer/interviewer from any future claims as well as from any liability arising from the use of said photograph/interview.

Name (Please print clearly): _____

Name of Child (under the age of 18): _____

Address: _____

City, State, Zip: _____

Signature: _____

Date: ____/____/____