



Delta Sigma Theta Sorority, Incorporated
Warner Robins Alumnae Chapter
<http://warnerrobins-dst.org/>
Delta GEMS (Ages 14-18)
2018-2019 Application

Program Description:

The Warner Robins Alumnae of Delta Sigma Theta Sorority is a local non-profit organization that focuses on sisterhood, scholarship, and service. Founded on Christian principles, our national organization has over 250,000 college-educated women and more than 900 chapters throughout the world.

Since chartering of the Warner Robins Alumnae Chapter in 1989, education development has been the centerpiece of our agenda and outreach. **Delta GEMS (GROWING AND EMPOWERING MYSELF SUCCESSFULLY) Program** is an extension of the Dr. Betty Shabazz Delta Academy Program. Delta GEMS was created “to catch the dreams” of our African-American at-risk, adolescent girls aged 14-18 and/or grades 9-12.

The **Delta GEMS Program (formerly known as the Delteens)** is a community service project of the Warner Robins Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The goal of the program is to develop strong, confident and respectful young ladies and prepare them to take an active role in their success and society.

Delta GEMS is designed for:

- Young women, who have potential, but need guidance, support and skills to achieve success
- Young women who are interested in developing leadership skills
- Young women who are actively pursuing college/and or career options
- Young women who need encouragement and support in pursuit of higher learning
- Young women identified by schools, churches, youth groups and/or former Delta Academy or Delteens participants

The objective of the Delta GEMS Committee is to serve as a motivational tool targeting African American female teenagers, resulting in an increased knowledge and awareness of issues and concerns affecting women today. The objectives and goals of the Delta GEMS Committee will be accomplished through workshops on:

Please return no later than October 15, 2018 to:

Delta Sigma Theta Sorority, Inc., Warner Robins Alumnae Chapter, ATTN: GEMS P.O. Box 6861, Warner Robins, GA 31095-6861



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Growing Myself Successfully

- To instill the need to excel academically
- To create compassionate, caring, and community minded young women and actively involve them in service learning and community service opportunities

Empowering Myself Successfully

- 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

The Delta GEMS logo is likened to a gemologist who can see through the use of certain tools, the hidden treasure in unpolished jewels. Delta GEMS uses the polished jewels as a symbol of the many facets that shine and glow within our young African-American women.

PERSONAL INFORMATION

Name of Applicant _____

Address _____

City/Zip _____ Birthdate _____

Parent Phone _____ Child phone _____

Parent Email _____ Child Email _____

Special Talents/Hobbies: _____

Church and Community Related Activities: _____

Strongest Academic Subject: _____ Weakest Academic Subject: _____

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SCHOOL INFORMATION

High School _____ Grade Level _____ Semester/Cumulative GPA _____ / _____

College Choice _____

Major _____ Minor _____

Military Branch Choice _____ Area of Interest _____

Honors/Awards/Achievements: _____

Applicant Signature _____ Date _____

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Warner Robins Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the Delta GEMS youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

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WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor 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 the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. 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 the Participant Minor Child’s personal property.

Parent/Guardian Signature

Date: _____

PHOTO RELEASE

I hereby grant permission to Delta Sigma Theta Sorority, Inc. (local, state, regional, and national level) to use photos/images of my child on your website and other publications in regards to this program.

Parent/Guardian Signature

Date: _____

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HEALTH INFORMATION

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)

Foods _____

Medicines _____

Bee sting or insect bite _____

Other _____

Asthma Inhaler required at Program

Vision Problems Glasses Contacts

Hearing Problems Hearing Aid(s)

ADD/ADHD

Other

Minor's Gender _____ Height _____ Weight _____

List all medications and dosages your child receives on a continual basis:

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____ Phone _____

Health Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

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NON-PRESCRIPTION MEDICATION PERMIT

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

For headaches/fever/muscle aches/pain/cramps: Acetaminophen (e.g., Tylenol, including Junior Strength), 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 sore throat: Throat lozenges (e.g., Cepacol lozenges)

For coughs: Cough drops/lozenges or cough suppressant.

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 Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1 Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Parent/Guardian#2 Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

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If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We 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/our insurance company.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**CODE OF CONDUCT FOR YOUTH
PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

1. Respect all participants (other youths 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.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter 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 (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

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Sanctions for Violating *Code of Conduct*

Bad Language/Abusive Teasing and Related Acts:

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

Next occurrence youth is removed from the program.

Physical Violence and Other Misconduct:

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

Next occurrence youth is removed from the program.

Illegal Substances or Dangerous Weapons

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

Student Print Name

Student Signature

I also understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons. I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2014-2015 Delta GEMS Program. I have also received, reviewed, and accept the Delta GEMS Expectations.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

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ESSAY

Answer **one** of the following essay questions in typed (12 font) format and attach to the application. Your essay should be a minimum of 2 pages (double-spaced). Please return with your completed application.

1. In your opinion, what is a significant issue or development, be it positive or negative, that is affecting your generation and how will your participation in a program such as the Delta GEMS enable you to confront or contribute to this issue or development?
2. What is your dream career aspiration? Do you feel it can make a positive impact to our community, society, country, or globally? If so, explain how and why.

Statement: I affirm that all statements made in this application are true.

Signed: _____ Date: _____
(Applicant signature)

Please circle:

ADULT Shirt size: S, M, L, XL, XXL

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