



## **DELTA SIGMA THETA SORORITY, INC.**



# 2018-2019

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## **DELTA GEMS APPLICATION**

*SPONSORED BY*

**TULSA ALUMNAE CHAPTER**

### **Confidentiality Statement**

**The information provided in this application will be used for statistical and reporting purposes. None of this information will be disseminated to the public and will be treated as confidential by the Delta Academy/Delta G.E.M.S. Committee.**



DR. JEANNEL NOBLE G.E.M.S.  
*"GROWING & EMPOWERING MYSELF SUCCESSFULLY"*

Dear Prospective Delta G.E.M.S.:

Thank you for your interest in our esteemed program to assist young ladies growing and empowering themselves successfully. The Dr. Jeanne Noble Delta G.E.M.S. program is an extension of the Dr. Betty Shabazz Delta Academy program. Delta G.E.M.S. was created to "catch the dreams" of adolescent girls aged 14-18 and/or grades 9-12<sup>th</sup>. Delta G.E.M.S. provides the framework to actualize those dreams through the performance of specific tasks that develop a "CAN DO" attitude. The goals for Delta G.E.M.S. are:

- Δ To instill the need to excel academically
- Δ To enhance the girls skills to achieve high levels of academic success
- Δ To assist girls in proper goal setting and planning for their futures, including high school and beyond; and
- Δ To create compassionate, caring and community minded young women by actively involving them in service learning and community service opportunities

The G.E.M.S. framework is composed of eleven major components, forming the road map for college and career planning. Topics within these components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth. The components are:

Self-Awareness	Skills for Success	Leadership Development
Socialization	Healthy Lifestyle Habits	Financial Preparation
Financial Achievement	Educational Preparation	Career Preparation

For consideration into the Delta G.E.M.S. program, all applicants must complete the provided application. All application components must be received in one envelope postmarked by October 1st, 2018. **Space is limited and late applications will not be considered. Only accepted applicants into the Delta G.E.M.S. program will be notified by phone and/ or mail.** The Delta G.E.M.S. program is scheduled to meet once per month beginning in October, during the Delta G.E.M.S. Member & Parent Orientation. The remaining subsequent meetings and activities will be held at pre-selected meeting locations.

Like a gemologist, who can see through the use of certain tools, the hidden treasure in unpolished jewels, the Delta G.E.M.S. logo uses the polished jewels as a symbol of the many facets that shine and glow within our young African-American women. Thank you again for your interest into Delta GEMS and we look forward to building lifetime relationships and implementing exemplary programs.

Please mail all components of the completed application in one envelope to:

**Tulsa Alumnae  
Chapter DELTA  
G.E.M.S.  
Delta Sigma Theta Sorority, Inc.  
PO Box 2732  
Tulsa, 74101-2732**

**Applications postmarked after October 1st, 2018 will not be reviewed.**





## ***DELTA G.E.M.S.***

### ***Eligibility Requirements***

All participants must meet the following criteria:

- \_\_\_\_\_ Submit a ***completed*** Delta G.E.M.S. application which includes completing all attached forms, only completed applications postmarked by October 1st, 2018 will be reviewed
  
- \_\_\_\_\_ Submit **all** signed forms  
(*Letter of Consent & Waiver from, Code of Conduct from, Pick-Up Authorization form, Emergency Medical Treatment Authorization form, Permission and Media Release form*)
  
- \_\_\_\_\_ Display consistent attendance at monthly meetings and scheduled activities
  
- \_\_\_\_\_ Display a positive attitude and follow the guidelines as set forth by the Delta GEMS

Delta G.E.M.S. program

Keep pages 1 through 3 for your records.  
Mail the remaining pages.  
\*Type or complete legibly in blue or black ink\*



## **DELTA G.E.M.S.**

### **Program Meeting Location:**

Dream Center  
200 W 46th St N, Tulsa, OK 74126

### **Official Program Meeting Times:**

First Saturday of the Month  
10 am to 12 pm

### **Scheduled Meeting Dates\*:**

- |              |                                   |
|--------------|-----------------------------------|
| • October 6  | Orientation and Bonding           |
| • November 3 | Leadership Legacy                 |
| • December 1 | Young, Gifted, and Not Broke      |
| • January 5  | Beautiful, Black, and Not Branded |
| • February 2 | Painting with a Twist             |
| • March 2    | YWCA Shoebox                      |
| • April 5    | College Readiness                 |
| • May 4      | May Week Community Service        |
| • June 1     | Peppermint Formal                 |

\*Other events may be scheduled throughout the year.

### **\*\*Attendance is Important\*\***

Please verify prior to submitting this application that you will be able to attend the above meetings, as attendance is required for successful completion of the program.

**Successful completion of the program is attendance to at least 8 out of the 9 scheduled sessions.**

If you are unable to attend a meeting, please contact the following individuals at least 48 hours prior to the activity:

Jameca Price at 580-647-6709 or email [jamecap@hotmail.com](mailto:jamecap@hotmail.com)

Or

Premadonna Braddick at [premadonna12@gmail.com](mailto:premadonna12@gmail.com)



## DELTA G.E.M.S APPLICATION

Please complete using blue or black only in all sections.

(Only check one) New Member: \_\_\_ GEMS                      \_\_\_ Returning GEMS

### DELTA G.E.M.S. APPLICANT PROFILE

#### STUDENT INFORMATION

Name \_\_\_\_\_ Birth \_\_\_\_\_  
Date \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant's E-mail \_\_\_\_\_

Please check preferred primary method of contact: \_\_\_ E-mail \_\_\_ Text \_\_\_ Cell \_\_\_ Home

Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ (if different from applicant)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Cell # \_\_\_\_\_ Work# \_\_\_\_\_  
Parent's E-mail \_\_\_\_\_ (hm) \_\_\_\_\_  
Parent's E-mail (wk) \_\_\_\_\_

Please check preferred primary method of contact:    E-mail    Text    Cell    Home

#### SCHOOL INFORMATION

School \_\_\_\_\_ Grade \_\_\_\_\_  
School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Is applicant currently employed?	YES _____	NO _____
Company _____	Position/Job _____	
Title _____	Telephone _____	
Number _____	Estimated Work Hours per week _____	

### STUDENT INVOLVEMENT & GOALS

**Please attach additional sheets if necessary**

**Extracurricular Activities:**  
List extracurricular activities (including community, church activities, school, public service projects and interests) you are involved in. Be certain to include position held and/or meeting days and times.

**Goals & Ambitions:**  
What are your goals or plans after high school?

**Honors & Special Interests:**  
Please list any honors, awards, hobbies or special interests you have.

### EMERGENCY CONTACT INFORMATION

**In the event of an emergency (Please list two):**

Name _____
Relationship _____
Emergency Number _____
Alternate Contact Number _____
Name _____
Relationship _____
Emergency Number _____
Alternate Contact Number _____

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Delta GEMS- Parental Letter of Consent

I, \_\_\_\_\_, hereby acknowledge that I authorize the participation of my child in the Delta Academy/GEMS program and that I have the legal authority to provide my consent and authorization for such participation. I also acknowledge that, upon selection into the program, it is my responsibility to:

- Attend the "Orientation" with my child.
- Ensure that my daughter maintains regular attendance of at least 5 of 6 sessions.
- Ensure that my daughter is punctual for Delta Academy/G.E.M.S. meetings and activities.
- Ensure that my daughter is transported to and from Delta Academy/G.E.M.S. meetings and activities. I also understand that I am required to pick up my child no later than 15 minutes after the agreed upon completion time for an event.
- Ensure full compliance with the Delta Academy/Delta G.E.M.S Activity Code of Conduct.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### 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 "Releases"), 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 Academy/G.E.M.S. 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 Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Release.

I understand that, without limitation of the foregoing, neither Delta, nor the Delta Academy/G.E.M.S. 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.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

### Delta G.E.M.S. – Applicant's Letter of Consent

I, \_\_\_\_\_, hereby acknowledge that I am willingly applying to be an active participant in the Delta GEMS program.

I also acknowledge that upon selection into the program, it is my responsibility to:

- Attend all scheduled meeting dates unless previously discussed with one of the Delta GEMS committee members.
- Actively participate in meeting activities through discussions, interactions, and performances related to the topics.
- Participate in community and service projects with GEMS when possible.
- Ensure full compliance with the Delta GEMS Activity Code of Conduct.
- By signing this letter of consent, I agree to all terms and regulations that this letter and application entails.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_





## ***CODE OF CONDUCT FORM***

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 and well-being of others.
2. In the event I must miss an event, I will contact a member of the Delta Academy/ G.E.M.S. Committee at least 48 hours prior to the activity.
3. Assume full responsibility for all personal belongings (please leave valuables at home) and respect the property rights of others. This means do not damage or deface the building or property within the building where program 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, other items, or on social media sites.
4. Return supplies to their proper place after using them and clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Stay within the program's designated areas within the building.
7. Cooperate and participate in organized activities.
8. Do not bring any weapons, cigarettes/drugs, alcohol, or other illegal items to any activity at any time. Such usage during the activity may result in immediate dismissal from the program.
9. Observe all safety regulations established for programs, recreational, and personal activities. I affirm that my registration information is correct, including all known allergies, dietary considerations, and routine medicines. I will report immediately all injuries or illness to the adult in charge of the activity.
10. I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian will be notified. I understand if I am sent home early due to any misconduct, it will be my parent/guardian's responsibility to provide transportation.
11. I will remember that I am a member of a program sponsored by the members of Tulsa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations for conduct described in this code of conduct and lady like etiquette.

## Sanctions for Violating the Code of Conduct

### **Bad Language/Abusive Teasing and Related Acts: Physical Violence and Other Misconduct:**

1st Time: Verbal warning issued, participant removed from the situation, and parent/ guardian notified of the incident

2nd Time: Loss of privileges

3rd Time: Dismissal from 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/guardian, I have read the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand the *Code of Conduct* and the sanctions. I will follow the *Code of Conduct*.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the Delta G.E.M.S. Program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event that the Program is unable to reach any of the individuals named below promptly by phone, I/we authorize the members of Delta Sigma Theta Sorority, Inc. to administer first aid and/or 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 #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**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 Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Print Name

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Print Name

## GENERAL HEALTH INFORMATION FORM

Today's Date: \_\_\_\_\_

Child's Name (Last, First, M.I.): \_

Is/Has child been under regular supervision of a physician? : (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of physician: \_\_\_\_\_  
\_\_\_\_\_

Childhood illness: (Check any that apply)

Measles  Mumps  Asthma  Chickenpox  Rheumatic Fever  Hay Fever  
 Diabetes  Epilepsy  Whooping Cough  Poliomyelitis  Ten-Day Measles (Rubella)  
 Three-Day Measles (Rubella)

Other (please list): \_\_\_\_\_

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the Delta Academy/G.E.M.S. Program?  
(Check one)  None  Yes If yes, please provide detailed explanation:

\_\_\_\_\_

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the Delta Academy/G.E.M.S.? (Check one)  None  Yes If yes, please provide detailed explanation:

\_\_\_\_\_

Specify any other serious or severe illnesses or accidents:

\_\_\_\_\_

\_\_\_\_\_

(For any medications or treatment required during the course of the Delta Academy/G.E.M.S. Program, a **Medication Authorization Form** should be completed and submitted with this form.)

Does child take prescribed medications? : \_\_\_\_\_

List the medication(s): \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

Does child take any over the counter medications frequently? : \_\_\_\_\_

List the medication(s): \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.)? : \_\_\_\_\_

List the Device(s): \_\_\_\_\_

Reason for use: \_\_\_\_\_

**MEDICATION AUTHORIZATION FORM**

(To be filled out by the physician dispensing the medication)

Name of Minor \_\_\_\_\_ Birth date \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Route of administration \_\_\_\_\_

Possible side effects and significant information \_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's telephone number \_\_\_\_\_

**PARENTAL PERMISSION FORM ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for \_\_\_\_\_  
to take \_\_\_\_\_ at the Delta G.E.M.S. program as ordered  
by his/her physician identified above. I/We understand that it is my/our child's responsibility to  
report to the Delta G.E.M.S. staff at the appropriate time for the administration of the medication.  
I/We further understand that it is my/our responsibility to furnish this medication and any  
authorized refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated  
("Delta"), its officers, National Executive Board, employees, members, local chapters,  
representatives, agents, affiliates, assigns, the Delta G.E.M.S. program, its agents, and/or any  
employee who administers any drug to my/our child, in accordance with written instructions  
from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any  
other injury suffered by my/our child due to the administration or failure to provide the drug. The  
Delta G.E.M.S. program reserves the right to refrain from administering medication if in the  
judgment of the Delta G.E.M.S. program, or other authorized Program officer, agent, or  
employee the circumstances do not warrant medication administration.

I/We understand that the medication must be brought to the Delta G.E.M.S. program by me/us  
in the original appropriately labeled container. If I/we cannot bring the medication to the Delta  
G.E.M.S. program, I/we will call the Delta G.E.M.S. program to inform them that my/our  
child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature \_

Date \_

## Media Release Form

As her authorized parent/guardian, I, \_\_\_\_\_,  
give permission for my daughter, \_\_\_\_\_,  
to be photographed and videotaped. My signature gives consent to the use of her likeness,  
including, if applicable any sound recordings accompanying the images taken of my child during  
her participation with the Delta Academy/G.E.M.S. program in any publication, educational  
material, advertising, news media and World Wide Web materials that Tulsa Alumnae Chapter  
(TAC) and/or Delta Academy/G.E.M.S. may utilize and produce. I understand and agree that  
such materials, including all negatives, positives, digital images, and prints shall become and  
remain the sole property of TAC and Delta Academy/G.E.M.S. and I shall have no right or title  
to such items. I further understand and agree that these materials may be kept on file and used by  
TAC and/or Delta Academy/G.E.M.S. for potential future use in perpetuity. I agree to release the  
TAC and/or Delta Academy/G.E.M.S. 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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_