



2019 - 2020

Delta G.E.M.S.

Application

Sponsored By:

Tulsa Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

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. JEANNE L. 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 9-12th. 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 1, 2019**.

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 G.E.M.S. 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
c/o DELTA G.E.M.S.
P.O. Box 2732
Tulsa, 74101-2732**

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 1, 2019 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 G.E.M.S.

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 (Unless otherwise noted)
Central Library- 400 Civic Center, Tulsa 74127
10:00am to 12:30 pm

Scheduled Meeting Dates:

October 5, 2019	Orientation / Social Media Round Table (Meeting Held at SFPA, 4025 N. Hartford Ave., Tulsa)
November 2, 2019	Emergency Preparedness
December 7, 2019	Community Service / Economic Development (Meeting Held at SFPA, 4025 N. Hartford Ave., Tulsa)
January 4, 2019	Human Trafficking / Social Action
February 1, 2019	Budget Planning / Saving
March 7, 2019	Fundraising Event (TBA)
April 4, 2019	What Is It Like Where You're From? International Awareness & Involvement
May 2, 2019	Community Service Project / Ring the Alarm
June 6, 2019	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:

Dorri Johnson at 918-407-1686 or email Dorrijohnson@yahoo.com



Delta G.E.M.S. Application

Please complete using blue or black only in all sections.

(Only check one) New Member: G.E.M.S. Returning G.E.M.S.

Student Information

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Check Primary Method of Contact: Email Text Cell Home

Parent / Guardian Information

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (home) _____ (work) _____

Check Primary Method of Contact: Email Text Cell Home

School Information

School _____ Grade _____

School Address _____ City _____ Zip _____

Cumulative GPA: _____

Employment Information

Is applicant currently employed? Yes No

Company _____ Job Title _____ # of Est. Hours per week _____

Student Involvement and 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 (Please list two.)

In the event of an emergency, contact the individuals below.

1.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

2.) Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Delta G.E.M.S.

Parental Letter of Consent

I, _____, hereby acknowledge that I authorize the participation of my child in the Delta Academy/G.E.M.S. 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 7 of 9 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.

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.

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 G.E.M.S. 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 G.E.M.S. committee members.
- Actively participate in meeting activities through discussions, interactions, and performances related to the topics.
- Participate in community and service projects with G.E.M.S. when possible.
- Ensure full compliance with the Delta G.E.M.S. Activity Code of Conduct.
- By signing this letter of consent, I agree to all terms and regulations that this letter and application entails.

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.

Participant Printed 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.

Parent / Guardian Printed 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 _____ Cell Phone _____ Work Phone _____

Email Address (home) _____ (work) _____

Parent / Guardian #2"

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (home) _____ (work) _____

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 _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (home) _____ (work) _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address (home) _____ (work) _____

GENERAL HEALTH INFORMATION FORM

Today's Date: _____

Child's Name: _____ Birthdate: _____

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: _____