*The Delta Life Development Foundation, Inc. and the* *Columbus (GA)* *Alumnae Chapter of*



*Delta Sigma Theta Sorority, Inc.*

*Growing and Empowering Myself Successfully-*

# “Discover the Brilliance”

Greetings Delta G.E.M.S.,

This letter is to invite you to participate in an exciting mentoring program for the 2019-2020 school year. The Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. with open arms and hearts are welcoming young ladies who are interested in joining the Dr. Jeanne L. Noble Delta G.E.M.S (Growing and Empowering Myself Successfully) Institute.

An exciting year has been planned for you. The Delta G.E.M.S program is designed for females between the ages of (14-18) years old and in grades (9-12). The objective of the Delta G.E.M.S. program is to serve as a motivational tool, which targets female teenagers in an effort to increase knowledge and awareness of issues, and concerns that affect young women in our society today.

Our 1st meeting will be held on Saturday, September 14, 2019, 10:00 am -1:00 pm @ the Delta House. We look forward to meeting you and your parents.

If you have questions or concerns, please feel free to contact:

Latshia Stephens-Archibald at [sLatshia@gmail.com](mailto:sLatshia@gmail.com) or 706.527.3592

Committee Chair of Dr. Jeanne L. Noble Delta GEMS Program

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program.

Sincerely,

Vernita Harris, President, Columbus (GA) Alumnae Chapter



## Who We Are

The is an outgrowth of the Columbus Alumnae Chapter of Delta Sigma Theta Sorority Inc., which is an international organization of college-educated women dedicated to a lifetime of public service. This foundation was formed as a successor organization to carry out the “charitable and educational activities” previously performed by the sorority. These include active volunteerism of public services, social action, health awareness, educational development programs, and many other charitable activities, which benefit citizens of the Muscogee County, GA community and surrounding areas. The foundation is a means of growing its support through increased funding via deductible contributions. It is then able to conduct and support, on a larger scale, more charitable community service activities and programs that support the social welfare, academic excellence and cultural enrichment of the citizens of the community, especially the growing needs of low-income, disadvantage community and at risk children.

## DELTA G.E.M.S. Program Information

The Delta G.E.M.S. Institute, formally known as Delta Teens, is a youth community service program of the Columbus Alumnae Chapter, which began in the early 70’s. In 2006, the program was renamed to DELTA G.E.M.S. *(****D****eveloping* ***E****ffective* ***L****eadership* ***T****hrough* ***A****chieving,* ***G****rowing,* ***E****mpowering* ***M****yself*

***S****uccessfully)*, which is an extension of the Dr. Betty Shabazz Delta Academy I program. The DELTA G.E.M.S. Program’s name and content were changed to become consistent with other teen programs sponsored by Delta Sigma Theta Sorority, Inc. The DELTA G.E.M.S. primary focus is on teen girls between the ages of 14-18 and/or in grades 9-12 and to help them develop strong leadership skills.

The goals for DELTA G.E.M.S. are:

|  |  |
| --- | --- |
| ∆ | To promote positive societal interactions |
| ∆ | To develop effective written and oral communication skills |
| ∆ | To encourage self-confidence, self-motivation, and self-discipline |
| ∆ | To foster meaningful public service; including mentoring and networking |
| ∆ | To strive for intellectual enrichment |
| ∆ | To assist with the exploration of various career paths and means for obtaining them (college and/or vocational skills training) |
| ∆ | To support talents in academics, technology, sports, and fine arts |
| ∆ | To maintain moral values and personal pride while experiencing the crossroads of life |

The mission of the DELTA G.E.M.S. Committee is to provide young ladies with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. This, in turn, will provide them with the opportunity to develop emotionally, socially, and intellectually and be prepared to take an active role in their success as they face the challenges of the world.

The goals and objectives of the DELTA G.E.M.S. Committee will be accomplished through a series of workshops and community service activities using the following frame work:

|  |  |
| --- | --- |
| ∆ | Scholarship (Academic Excellence) |
| ∆ | Sisterhood (Self Esteem, Health Awareness & Leadership) |
| ∆ | Showing Me the Money (Financial Awareness) |
| ∆ | Service (Social Responsibility Obtained through Community Service) |
| ∆ | Infinitely Complete (The Rites of Passage) |
|  |  |

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

## DELTA G.E.M.S. Participation

**Criteria for Participation:**

Participation into the DELTA G.E.M.S. Institute is held once a year. The following criteria will be used to determine eligibility:

|  |  |
| --- | --- |
| ∆ | Entering or attending high school in the fall (grades 9-12). |
| ∆ | Must have a grade point average of 2.0 or better |
| ∆ | Submit a completed application with a picture |
| ∆ | Submit one (1) letter of recommendation from one of the following *(to include: 1. how long have you and in what capacity, 2. character of the applicant, 3. at-risk factors, and 4. how the applicant would benefit from participating in the program)*:  Teacher, Guidance Counselor, Employer, Minister, Sponsor/Advisor of any Greek sorority or fraternity |
| ∆ | Submit an official copy of 4th Quarter Final Report Card with Final GPA |
| ∆ | Participate in the interview process (phone or in person) |

**If accepted for participation, you must attend the Student/Parent orientation.**

**Activities:**

The following are potential required activities to the organization’s participation:

∆ Teen Summits

∆ Presentations and Seminars

∆ Black History Month Observance

∆ Volunteer/Community Service

∆ Academic Testing Workshops, Updates, and Study Sessions

∆ Parent Appreciation

∆ Field Trips

∆ Kwanza Celebration

∆ End of Year Cook Out/Awards Program

**Code of Conduct:**

Participation in the DELTA G.E.M.S. organization requires a strong level of commitment and responsibility. All members are to adhere to a Code of Conduct,‖ which consists of policies and procedures that governs the organization. The Code of Conduct addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, etc. The Code of Conduct‖ will be provided to every member of the program.

**Motto:**

### “I believe I can succeed, and because I believe.... I have!”

**DELTA G.E.M.S. Important Dates and Deadlines**

**Selection Process:**

∆ All interested candidates should fill-out and submit a DELTA G.E.M.S. application via direct mail and postmarked by **August 11, 2019** to the following post office address:

**Delta Life Development Foundation, Inc.**

**Attn: DELTA G.E.M.S.**

**PO Box 12346**

**Columbus, GA 31917-2346**

Completed applications and recommendation letters MUST be returned at the time the packet is submitted or you will not be considered for participation.

∆ If needed, interviews will be scheduled for Early September. Those candidates selected for interviews will be notified at least one week prior to their scheduled time. Each interview will take approximately 10 minutes.

∆ If you have any questions, please contact Latshia Stephens-Archibald via e-mail at sLatshia@gmail.com.

**If selected for participation:**

|  |  |
| --- | --- |
| ∆ | All participants **MUST** attend the **Student/Parent Orientation** currently scheduled for **Saturday, September 14, 2019 from 10:00a.m. to 1:00 p.m. at Delta House**. Participants, please have at least one parent/guardian or family member present to receive information and fill-out any additional paperwork. |
|  |  |
| ∆ | If selected to become a member of the **DELTA G.E.M.S.** Institute sponsored by Columbus Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:     1. Participation in the Student/Parent Orientation and Ceremony is mandatory.      1. Involvement and participation in all **DELTA G.E.M.S.** activities are governed under the auspices of Columbus Alumnae Chapter of Delta Sigma Theta Sorority, Inc., DELTA G.E.M.S. Code of Conduct, Officers, and Committee Chairpersons.      1. Participation is strictly voluntary and requires a strong level of commitment. 2. Members in good standing may continue participation until high school graduation. 3. Regularly attend scheduled meetings and activities (2019-2020 Calendar will be presented during Student/Parent Orientation) 4. A 2.0 or better grade point average will be required and maintained. Note: All applicants are expected to improve their GPA by the end of the school year to be invited to return to the program for the 2019-2020 school year. 5. Appropriate behavior becoming of a lady should be exemplified at all times. |

**PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION.**

### SECTION 1: APPLICANT INFORMATION

**Participant Information**

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

Last First Middle Name or Initial

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As of 7/1/2019 Month Day Year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number (Include Apartment Number)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt Size **(select one)**: XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_\_ GPA\_\_\_\_\_\_\_

This will be my **1st \_\_ 2nd \_\_ 3rd \_\_ 4th \_\_** year participating in the Delta G.E.M.S. program.

How did you hear about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personal Information:**

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y \_\_\_ N \_\_\_

Have you participated in any other Delta G.E.M.S. program? Y \_\_\_ N \_\_\_

Do you currently have a sibling participating in a Delta G.E.M.S. program? Y \_\_\_ N \_\_\_

If yes, please give name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you participated with Delta Academy? Y \_\_\_ N \_\_\_

Have you participated in any Delta Sigma Theta sponsored activities (i.e., Jabberwock, etc.)?

Y \_\_\_ N \_\_\_

### SECTION 2: APPLICANT QUESTIONS

What are your favorite and least favorite subjects? Explain why.

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Describe your personal strengths and challenges.

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What are your future goals after graduation? Do you plan to attend college?

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Do you participate in extracurricular or after-school activities/sports? If so, describe in detail the activity and how much time you spend on that activity.

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Do you have any hobbies and/or interests? If so, describe.

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Why do you want to be a participant in Delta G.E.M.S.?

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**SECTION 2: APPLICANT QUESTIONS (cont’d)**

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

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Provide a brief overview of any special awards received for academics, philanthropic, athletic and/or achievements.

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Is there anything that would prevent you from fully participating in Delta G.E.M.S. Activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you work part-time? If so, where and how many hours do you work per week?

Y \_\_\_\_\_ N \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, do you have plans to get a job? Y \_\_\_\_\_ N \_\_\_\_\_

Please place a check by each topic that may be of interest to you:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_ College Prep | \_\_\_\_\_\_\_ Fashion Tips |
| \_\_\_\_\_\_\_ Personal Hygiene | \_\_\_\_\_\_\_ Healthy Relationships |
| \_\_\_\_\_\_\_ Technology | \_\_\_\_\_\_\_ Career Development |
| \_\_\_\_\_\_\_ Financial Awareness | \_\_\_\_\_\_\_ Home Economics |
| \_\_\_\_\_\_\_ Health Issues | \_\_\_\_\_\_\_ Peer Pressure/Bullying |
| \_\_\_\_\_\_\_ Diseases Affecting Youth | \_\_\_\_\_\_\_ Beauty Tips |
| \_\_\_\_\_\_\_ Substance Abuse Prevention | \_\_\_\_\_\_\_ Art/Music/Dance |

\_\_\_\_\_\_\_ African-American Culture/History

\_\_\_\_\_\_\_Other (educational or social) Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_ **SECTION 3: APPLICANT ESSAY**

Answer the following essay in clearly written form below or typed format on a separate sheet and attach to the application. Your response should be 250 to 500 words in length.

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

**In your opinion, what is a significant issue or development, either positive or negative that is affecting your generation? How will your participation in a program such as the Delta G.E.M.S. enable you to confront or contribute to this issue or development?**

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### SECTION 4: TRANSPORTATION INFORMATION

How will your child travel to and from Delta G.E.M.S. meetings and activities?

*(Please Note: Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are not responsible for your child’s travel or providing transportation to or from the Delta G.E.M.S. program.)*

\_\_\_ Car \_\_ Walk \_\_\_ Public Transportation \_\_\_ Other (please specify)\_\_\_\_\_\_\_\_

Do you have any additional persons *(other than parent/guardians & emergency contacts listed in this form)* who you approve to transport your child? If yes, please list *(this may include a sibling, grandparent, family friend, etc.):*

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: EMERGENCY CONTACT INFORMATION**

### (Two contacts MUST be provided)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 6: APPLICANT HEALTH INFORMATION**

**To the parent/guardian:**

The health of the student is primarily the responsibility of her parent(s) or guardian(s). The *Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.* strongly recommends annual health examinations, dental check-ups and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as much as possible, that the participants are physically able to take part in youth group activities.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Parent/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1: Pre-Existing Conditions, Illnesses and Injuries**

Please list ANY chronic or recurring medical conditions or illnesses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part 2: Allergies** ***(Check all that apply and specify nature of any allergic reactions)***

Animals\_\_\_ Hay Fever\_\_\_ Pollen\_\_\_ Insect Stings\_\_\_ Plants\_\_\_ Food\_\_\_ Drugs\_\_\_

Please Specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Immunizations**

Are all of the student’s immunizations up to date? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

(If not, please explain in Part 5) Date of last: DPT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tetanus:\_\_\_\_\_\_\_\_\_\_\_

**Part 4: Other Health Conditions *(Check all that apply)***

Bed Wetting\_\_\_\_ Emotional Disturbances\_\_\_\_ Fainting\_\_\_\_ Constipation\_\_\_\_ Hearing Impairment\_\_\_\_ Sleep Disorders\_\_\_\_ Nosebleeds\_\_\_\_ Dental Appliances\_\_\_\_ Wears glasses/contacts\_\_\_\_ Motion

Sickness\_\_\_\_ Menstrual Cramps\_\_\_\_\_

Special Dietary Needs\_\_\_\_\_ Sickle Cell Trait or Disease\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_

**Part 5: Notes** (Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)

**Part 6: Medication Directions** (Please give detailed directions for any medications to be given to your child. Include dosage and times.)

I know of no reason(s) other than the information on this form, why my daughter should not participate in G.E.M.S. activities.

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

**SECTION 7: APPLICANT HEALTH INFORMATION (cont’d)**

### PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of the *Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.*  to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

### SECTION 8: CONSENT FORMS

**STUDENT/PARENT AGREEMENT TO PARTICIPATE**

We have read and agree with all the information provided for the DELTA G.E.M.S. Program sponsored by the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.. If (our/my) child is selected for participation into the DELTA G.E.M.S. Program, please accept (our/my) signature(s) as (our/my) consent to have her participate. You may count on (us/me) for support and assistance whenever appropriate.

Student PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PARENT/GUARDIAN STATEMENT OF CONSENT**

I voluntarily give my daughter (the student whose name is listed above) permission to participate in the Delta G.E.M.S. program. I am authorized to give permission for the student to participate in the program.

My child’s participation in the Delta G.E.M.S. program is completely voluntary. Delta G.E.M.S. is committed to providing the best possible climate for maximum development and achievement of goals for all student participants. *Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.* and its related entities will make every effort to protect the welfare of the Delta G.E.M.S. participants; however, the program committee members are not responsible for ensuring the physical, mental, social and medical health of program participants. As a parent/guardian, I am responsible for the welfare of my child. The Delta G.E.M.S. committee may suspend a student’s participation if their behavior does not reflect the spirit of the program.

Parent/Guardian’s PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CONSENT TO PHOTOGRAPH**

I voluntarily give permission for my daughter (the student whose name is listed above), to be photographed and videotaped. My signature gives consent to the use of her likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the Delta G.E.M.S. program, Delta Life Development Foundation, Inc. and Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.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 Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 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 the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for potential future use. I agree to release the Delta G.E.M.S. program, Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. from 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 PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### SECTION 8: CONSENT FORMS (cont’d)

**Workshop Permission**

I grant permission of my daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the workshops presented to the participants of the Delta G.E.M.S. Program sponsored by the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that most of the workshops are listed in the Delta G.E.M.S. yearly calendar.

Parent/Guardian’s PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If you have any objectionable topics, please list them and sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian’s PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Field Trip Permission**

As the parent/guardian of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give consent for her to attend field trips with DELTA G.E.M.S. Program sponsored by the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. My daughter and I understand that she is to comply with all rules and regulations established by all representatives of Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that precautions will be taken to ensure my daughter’s safety. I, therefore, will not hold the or any representatives Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or its members responsible for any complication, injury, or illness experienced by my daughter. Field trips are subject to change, and notification is at the discretion of the Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian’s PRINTED Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Effective Date: August 11, 2019**

**Expiration Date: June 30, 2020**

### SECTION 9: DELTA G.E.M.S. CODE OF CONDUCT STATEMENT

I will cooperate with all adults in charge. I will be sensitive to the needs of the each participant.

I will respect the people and places with which I come in contact.

I will adhere to the Delta G.E.M.S. dress code.

I will participate in required activities & discussions, be on time for all scheduled activities, and be open to new ideas. In the event I must miss an event, I will contact a member of the Delta G.E.M.S. Committee at least 24 hours ahead of the activity.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will remember that I am a member of a program sponsored by Delta Life Development Foundation, 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.

I will be responsible for all my personal belongings.

I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent’s responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent’s responsibility.

I understand that **more than (2) absences** may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I understand that my attitude and behavior are central to the success of this activity sponsored by the

Delta Life Development Foundation, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent/guardian, I understand and agree with the above responsibilities fully accepted by my daughter. Should it be necessary, **I will provide transportation** for my daughter regardless of the time or day or night. I will not hold any representatives of Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or its members responsible if my daughter is sent home early due to misconduct.

Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_