DELTA SIGMA THETA SORORITY, INCORPORATED
SAN FERNANDO VALLEY ALUMNAE CHAPTER

D E L T A G. E. M. S.
Growing & Empowering Myself Successfully

APPLICATION

2018-2019
August 2018

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

This letter is to invite you to participate in an exciting mentoring program for the 2018-2019 school year. The women of the San Fernando Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc., are opening our arms and hearts to welcome young ladies who are interested in joining the Delta G.E.M.S (Growing and Empowering Myself Successfully) program.

The Delta G.E.M.S program is designed for young women between the ages of 14-18 years old and in grades 9-12. The goals of Delta G.E.M.S are to:

- instill the values of academic excellence;
- assist participants with goal setting and college and career planning; and
- cultivate compassionate young ladies who are involved in their communities.

Delta GEMS are smart “go-getters” who are determined to succeed. Are you a Delta GEM?

Applications must be postmarked by September 6, 2018. Applications will also be accepted at the Delta GEMS kick-off session on September 8, 2018.

Please return all applications to:

Delta GEMS c/o San Fernando Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 3731  
Granada Hills, CA 91394

If you have questions or concerns, please feel free to contact the Delta GEMS Chair, Erica Jones Miller at sfvadeltagems@gmail.com

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

Sincerely,

Cherise G. Moore, Ph.D.  
President  
San Fernando Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.

Erica Jones Miller  
GEMS Chair  
San Fernando Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.
Growing and Empowering Myself Successfully

DELTA GEMS PROGRAM INFORMATION

Delta GEMS was created to “catch the dreams” of young ladies in the age group of 14-18. Delta GEMS provides the framework to actualize those dreams by focusing on the following five major components:

1. Scholarship;
2. Sisterhood;
3. Show Me the Money;
4. Community Service; and
5. Infinitely Complete.

Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth.

*The September 8, 2018 orientation/kick-off meeting will be held at 2:30 pm at the Reseda Church of Christ located at 7806 Reseda Blvd., Reseda, CA 91335. Parents are invited to attend the beginning of this meeting (approximately 30 minutes) for a parent orientation. We should be done by 4:00 pm. Meeting locations and times vary based on the session topic or activity. There may also be some additional unscheduled meetings for community service and fun activities.

Applicants must meet the following criteria for participation:
- Must be a resident within our service areas of Burbank, San Fernando Valley, and Santa Clarita Valley
- Must be between the ages of 14 – 18 (grades 9–12)

Delta G.E.M.S. Participant Profile:

Delta G.E.M.S. is designed for young ladies who exemplify one or more of the following characteristics:
- 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 authorized partners of Delta chapters and/or former Delta Academy participants.
**Delta G.E.M.S. Application**

Please print clearly using blue or black ink only.

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Is this your first time participating in the Delta GEMS program? Yes  No

How did you find out about Delta GEMS?

School Counselor  Teacher  Friend  Sibling  Church

Member of Delta Sigma Theta Sorority, Inc.  Parent Other

What are your plans after graduating from high school?

Attend a 2-year community college  Attend a 4-year college/university

Attend a trade/vocational college  Join the military  Work Only

I don’t know  Other

What career(s) interest you? Please explain.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What colleges are you interested in applying to?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Are you presently participating in any extra-curricular programs (e.g. sports, arts, community, church)?  No Yes If yes, please list below.

________________________________________________________________________________________________________________________________________________________

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

________________________________________________________________________________________________________________________________________________________

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What would you like to learn from participating in Delta GEMS?

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________________________________

Student Name (print)__________________________________________________________

Student Signature_____________________________________________ Date___________

Parent/Guardian Name (print) ________________________________________________

Parent/Guardian Signature_________________________________________ Date_________
PARENTAL AFFIRMATION

I, ________________________________, Parent/Guardian, under penalty of perjury, do hereby affirm to the San Fernando Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of ________________________________, Participant Minor Child, in the __________________ 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: __________________________________________________________

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 __________________ 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 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: ____________________________
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.

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.

1 Cyber-bullying is defined in Appendix 16, which sets out the Internet Use Policy.

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.

Participant Print Name ___________________________ Participant 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 GEMS program. I agree that the sanctions for violating the Code of Conduct are reasonable and will help my child comply.

Parent Print Name ___________________________ Parent Signature ___________________________

Date______________
YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Delta GEMS youth 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 have photo identification with them when they arrive to pick-up my child. (Please include names of either parents or guardians on list below).

Name _________________________________________ Relationship_____________________
Home Phone_________ Work Phone _____________ Cell Phone __________________

Name _________________________________________ Relationship_____________________
Home Phone_________ Work Phone _____________ Cell Phone __________________

Name _________________________________________ Relationship_____________________
Home Phone_________ Work Phone _____________ Cell Phone __________________

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the San Fernando Valley Alumnae Chapter to release my child to the persons listed above. I also agree to notify the San Fernando Valley Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature ___________________________________ Date _______________
Father/Guardian Signature ____________________________________ Date _______________

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 _______________________________________________
HEALTH AND MEDICAL EMERGENCY INFORMATION/AUTHORIZATION

Name of Minor: _______________________________________________________________

Date of Birth_______________ Age ___________ Height ___________ Weight _________________

Address: _________________________________________________________________

City/State/Zip Code _____________________________________________________________

Parent/Guardian Home Phone _____________________________________________________

Cell Phone_________________ E-mail Address__________________________________

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.

Does your child have any allergies to:

Food (specify) ___________________________ Medicines (specify) ___________________________ Bee sting or insect bite ___________________________ Other

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the Delta GEMS program? (check one) ___ None ___ Yes

If yes, please provide detailed explanation ____________________________________________

Does child take prescribed medications? ____ Name the medications: ___________________________

Frequency Taken: __________

Does child take over the counter medications? ____ Name the medications: ___________________________

Frequency Taken: __________

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

(For any medications or treatment required during the course of the Delta GEMS program, a Medication Authorization Form should be completed and submitted with this form.)

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child’s participation in the Delta GEMS program? (check one) ___ None ___ Yes

___ Asthma ___ Inhaler required at Program ___ Vision Problems ___ Glasses ___ Contacts ___ Hearing Problems ___ Hearing Aid(s) ___ ADD/ADHD ___ Other

If yes, please provide detailed explanation ____________________________________________

Specify any other serious or severe illnesses or accidents:

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

Name the Device(s): ______________________ Reason for use: ______________________

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____________
CONFIDENTIALITY POLICY

It is the policy of the San Fernando Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, the San Fernando Valley Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.” To carry out the mission of its Delta GEMS program and to better serve the needs of the youth participants, the San Fernando Valley Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and provided that the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of the San Fernando Valley Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of the San Fernando Valley Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability. There shall be no liability to Delta, the San Fernando Valley Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.
PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, ___________________________________________ (“Parent/Guardian”), as parent(s) or legal
guardian(s) of ___________________________________, give permission for San Fernando Valley
Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet
or media still photographs or moving images, including, if applicable any sound recordings
accompanying the images (“Images”) taken of my child at Delta GEMS Youth Initiative Program from
9/8/18-6/10/19 (date of program year), without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which
shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or
distribute these Images for the purpose of publicizing the Chapter’s programs, including the Delta
GEMS Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to
inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any
rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers
and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board;
employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions,
judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any
other persons acting on his/her behalf have or may have by reason of the use of the Images. This release
specifically includes, without limitation, a complete release and discharge of any liability by virtue of
any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or
be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously
caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule,
scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of __________________________
____________________, and do hereby give my/our consent without reservation to the foregoing on behalf
of my/our child.

_________________________________________  __________________________
Parent/Guardian Signature                  Date

_________________________________________
Print Name

_________________________________________  __________________________
Parent/Guardian Signature                  Date

_________________________________________
Print Name