



DELTA SIGMA THETA SORORITY, INCORPORATED

SAN FERNANDO VALLEY ALUMNAE CHAPTER

DELTA G. E. M. S.

Growing & **E**mpowering **M**yself **S**uccessfully

APPLICATION

2020-2021

“Growing and Empowering Myself Successfully”
Delta Sigma Theta Sorority, Inc.
San Fernando Valley Alumnae Chapter

September 2020

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

This letter is to invite you to participate in an exciting mentoring program for the 2020-2021 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?*

Email applications to sfvadeltagems@gmail.com by **October 11, 2020**

If you have questions or concerns, please feel free to contact the Delta GEMS Co-Chairs, Deonna Williams or Claudia Hawkins at sfvadeltagems@gmail.com

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

Sincerely,

Carlin Hafiz

Carlin Hafiz
President
San Fernando Valley Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Deonna Williams

Deonna Williams
GEM Co Chair
San Fernando Valley Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Taylor Countee

Taylor Countee
GEM Co 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 2020-21 (tentative) Meeting Dates are:

*October 11, 2020 (kick-off meeting)	December 13-Let Your Voice Be Heard	March TBD, (Service Activity, Shelter)
October TBD – African American College Planning Conference	January 10- Health & Beauty	April 11 Career Day
November 8- Got Money for College Workshop	February 1, 2020 (Black College Expo)	May 9, 2020 Mother/ Daughter Tea (Culminating Activity)
	February- 21 Public Speaking Workshop	

*The **October 11, 2020** kick-off meeting will be held virtually through Zoom at 3:00pm. We should be done by 4:30 pm. All meetings will be held virtually due to social distancing requirements. We will resume in person once we have received clearance from the CDC and we feel it is safe for our GEMS and volunteers. 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.

School Name _____ Grade _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt. # _____ City _____ Zip Code _____

Home Phone Number (_____) _____ Cell Number (_____) _____

Student Email Address _____

Date of Birth ____/____/____ Age _____

Ethnicity: ___American Indian/Alaska Native ___Black/African American ___White ___Asian

___ Hawaiian/Pacific Islander ___ Latino/Hispanic ___ Multiracial ___ Other _____

Parent Name _____

Parent Email Address _____

Parent Cell Phone Number (_____) _____

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

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.?

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

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 _____ youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

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 Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

Parent/Guardian Signature _____

Date: _____

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:
Foods (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 frequently? ___ 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 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 9/7/17-6/9/18 (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