



Delta Sigma Theta Sorority, Inc.

Detroit Alumnae Chapter

24760 W. 7 Mile Road
Detroit, MI 48219
DeltaGEMS@detroitdeltas.org

Membership Application Packet

No Hand Delivered Application Packets Will Be Accepted



Dear Delta GEMS applicant:

Thank you for your interest in being a part of this organization in which young ladies have the opportunity to Grow and Empower Themselves Successfully (GEMS). Under the leadership of the women of the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, the Delta GEMS will develop their leadership skills, obtain assistance in actively pursuing higher education, develop healthy lifestyles, and gain a better understanding of what it means to serve in their communities.

Membership in Delta GEMS means accepting the challenge to promote and engage in activities that will better each participant and her community. You will grow together, learn together, and succeed together.

Please review the contents of this application and submit your completed packet with all required documents to the email address:

DeltaGEMS@detroitdeltas.org

Sincerely,

Delta GEMS Committee

Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated

About Delta GEMS: A Vision of Delta Sigma Theta Sorority, Inc.

Twenty-two collegiate women at Howard University founded Delta Sigma Theta Sorority on January 13, 1913. These students wanted to use their collective strength to promote academic excellence and to provide assistance to persons in need. The first public service act performed by the Delta founders involved their participation in the Women's Suffrage march in Washington, D.C., March 1913 (www.deltasigmatheta.org).

Delta Sigma Theta Sorority, Inc. is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world.

Delta GEMS (Growing and Empowering Myself Successfully) was established in the summer of 2005 by Delta Sigma Theta's National Programming and Development Committee. **Delta GEMS** is designed to provide young ladies with the necessary knowledge and skills to become successful individuals in senior high school, college, and within their communities.

Under the guidance of the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, the **Delta GEMS** program will follow an established curriculum set forth by the National Committee.

The Five Principles of **Delta GEMS** are:

- * Scholarship (Academic Excellence)
- * Sisterhood (Self Esteem, Health Awareness & Leadership)
- * Show Me the Money (Financial Awareness)
- * Service (Social Responsibility Obtained Through Community Service)
- * Infinitely Complete

...And will be taught through various forms of program development with participation in activities, seminars, and other events.

Delta GEMS (Growing and Empowering Myself Successfully) is a signature program of Delta Sigma Theta Sorority, Inc. It provides the framework to actualize the dreams of high school-aged African American young ladies through the performance of specific tasks, and the development of a "can do" attitude. Delta GEMS use the polished jewels as a symbol of the many facets that shine and glow within our young African American young ladies. The program can be viewed as a road map for college and career planning, and will instill in young ladies the need to excel academically. Delta GEMS will assist in proper goal setting and planning for life after high school. The program will create compassionate, caring and community minded young ladies by actively involving them in academic, social and community service opportunities.

ELIGIBILITY & PARTICIPATION REQUIREMENTS AND EXPECTATIONS

SCHOOL ENROLLMENT

Participants must be enrolled in high school to remain eligible for Delta GEMS. Those persons who are “home schooled” are allowed to participate provided that they are in a legitimate home school program.

MEETING REQUIREMENTS

Delta GEMS are required to attend monthly meetings that are held on one Sunday of every month. GEMS are expected to attend at least 80% of meetings. When attending Delta GEMS meetings, participants must bring their Delta GEMS handbook.

COMMUNITY SERVICE

We encourage all Delta GEMS to participate in community service throughout the program. Several opportunities to volunteer will be available throughout the year and Delta GEMS will be invited to all appropriate activities. Activities might include, but are not limited to, benefit walks, reading to children, support and/or assistance to the elderly, feeding the hungry, and other approved activities.

SOCIAL ACTION

Neither Delta Sigma Theta Sorority, Inc. nor Delta GEMS are affiliated with any political party. However, participants will learn the importance of active involvement in decisions that affect them and their communities.

ATTENDANCE & PARTICIPATION EXPECTATIONS

The success and effectiveness of the program is based on the attendance of all the Delta GEMS. As such, attendance at the welcome ceremony and all Sunday meetings is an expected requirement. All participants must attend 80% + of the scheduled meetings each year (or 6). The Delta GEMS committee understands that family obligations, extracurricular activities, school requirements, and unforeseen circumstances may occur.

Consequently, up to 20% or approximately 2 absences may be excused. Continued participation in the program is contingent upon each participant’s attendance, which will be monitored by the Delta GEMS Sponsors. As soon as a participant is aware that she will be absent, she must immediately contact one of the Delta GEMS Sponsors. Delta GEMS are expected to display enthusiastic and active participation during all activities.

Attention All Applicants and Parents:

Please complete checklist prior to mailing application to confirm that applicant has attached all required documents.

Applicant Name	Date

Application Requirements	Completed
Application submitted	
General Information Form	
Emergency Contact Information	
Medical Information & Permissions	
Administration of Prescription Medication	
Authorizations & Permissions	
Extra-Curricular List	
Personal Essay	
Transcript Attached	
Code of Conduct and Ethics Form Initialed and Signed	
Initialed and signed Parental Commitment	
Letter of Recommendation - School	
Letter of Recommendation - Personal	

Please Print Neatly

General Information

APPLICANT INFORMATION

Last Name	First Name, Middle Initial	Age	Date of Birth (DD/MM/YYYY)
Street Address	City	State	Zip
Home Phone with Area Code	Personal Cell Phone with Area Code	Email Address	
School Name (High School)	City		Current Grade Level
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large			
T-Shirt Size			

PARENT/GUARDIAN INFORMATION

Last Name	First Name (mother)	Fist Name (father)	
Street Address (if different from applicant's)	City	State	Zip
Home phone (if different from applicant's)	Cell Phone (mother)	Cell Phone (father)	
Email Address (mother)	Email Address (father)		

Emergency Information

EMERGENCY CONTACT

(Someone other than parent listed on general information form)

Alternate Emergency Contact Last Name	First Name	Relationship
Area Code & Phone Number	Cell or Alternate Emergency Area Code & Phone Number	

Please Print Neatly

Applicant Last Name		Applicant First Name	
MEDICAL INFORMATION			
Preferred Detroit Area Hospital for Medical Emergency Treatment			
Physician's Name		Office Phone #: Area Code & Phone Number	
Physician's Street Address		City	State Zip
Insurance Provider		Policy Number	Group Number
Allergies			
Medical conditions that may require the attention of adult committee members of the Delta GEMS program			
PERMISSION			
I give my permission to any member of Delta Sigma Theta Sorority, Inc., Detroit Alumnae Chapter to contact the above named physician if serious medical conditions exist to obtain emergency medical care for my child in the event that I am not able to be contacted by telephone and/or will not be able to arrive immediately.			
Parent Signature		Date	

Prescription Medication Authorization

Applicant Last Name	Applicant First Name

ADMINISTRATION OF PRESCRIPTION MEDICATION AUTHORIZATION FORM

Last Name of Applicant	First Name of Applicant	Date of Birth (DD/MM/YY)
Medication 1	Dosage	Time of Administration
Reason for Medication	Route of Administration (e.g. Oral, IV, inhaler)	
Possible Side Effects & Other Significant Information		
Medication 2	Dosage	Time of Administration
Reason for Medication	Route of Administration (e.g. Oral, IV, inhaler)	
Possible Side Effects & Other Significant Information		
Physician's Name	Physician's Area Code & Telephone Number	

ADMINISTRATION OF PRESCRIPTION MEDICATION

I/We hereby give permission for our minor child to take the prescription medications listed above during the Delta GEMS program as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to a Delta GEMS committee member 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 in their original containers with original label. 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 GEMS 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 GEMS youth initiatives program reserves the right to refrain from administering medication if in the judgment of the Delta GEMS, or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

Parent Signature	Date

Authorizations & Permissions

Applicant Last Name	Applicant First Name

OVER THE COUNTER MEDICATION AUTHORIZATION

The following non-prescription medications *may* be available to your child.

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 committee member and in accordance with established protocols developed by the program.

<input checked="" type="checkbox"/>	For headaches/fever/muscle aches/pain/cramps: Acetaminophen (e.g., Tylenol), Ibuprofen (e.g., Motrin), and Naproxen (Aleve), Midol, & Excedrin.
<input checked="" type="checkbox"/>	For bites/allergic rashes: Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
<input checked="" type="checkbox"/>	Decongestant for nasal congestion/sinus pressure
<input checked="" type="checkbox"/>	Throat lozenges (e.g., Cepacol lozenges) for sore throat
<input checked="" type="checkbox"/>	Cough drops/lozenges or cough suppressant for coughs
<input checked="" type="checkbox"/>	Antacid liquid or chewable tablets (e.g., Mylanta) for upset stomach

<input checked="" type="checkbox"/>	Sunscreen lotion SPF 30 for sun protection
<input checked="" type="checkbox"/>	I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.

PICK-UP AUTHORIZATION

I authorize the persons listed below to pick-up my child from the Delta GEMS program events (including any specified members of the Delta GEMS committee). 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.

Parent/Guardian Last Name	Parent/Guardian First Name	Emergency /Cell Area Code and Phone number
Parent/Guardian Last Name	Parent/Guardian First Name	Emergency/Cell Area Code and Phone number
Alternate Authorized Person's Last Name	First Name	Emergency/Cell Area Code and Phone number
Alternate Authorized Person's Last Name	First Name	Emergency/Cell Area Code and Phone number
Parent Signature		Date

Extra Curricular Activities

Applicant's Last Name	First Name

DIRECTIONS

Give a thorough and detailed list of significant hobbies and extra-curricular activities (school, church and community) in which you have been engaged in a routine or sustained fashion over the last three years. Also, indicate weekly or monthly time commitment to each. If needed, attach an additional sheet. Use a 12 pt Time New Roman font with 1 inch margins on all sides. Add extra pages as needed.

	Name of Hobby or Activity	Organization with which it is affiliated	Start Year/End Year	Time Commitment
Exa mple	Girl Scouts of America	Trope 1234, ABC Church	2005-Current	3 hours/week
1				
2				
3				
4				
5				
6				
7				
8				
9				

10				
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Applicant's Last Name	First Name

PERSONAL ESSAY

DIRECTIONS

Write a statement explaining why you would like to participate in Delta GEMS and what you hope to gain by participating in this program. Statements should be typed, double-spaced with no less than 500 words, using a 12 point, Times New Roman font and 1 inch margins on all sides. **Please attach typed essay to your application packet.**

TRANSCRIPT/GRADES

Name of School

Parental Commitment, Consent, Release & Waiver Form

I (we), _____, parents/guardian(s) of
 First name(s) of parent(s) Last name of parent(s)

 First name of applicant

 Last name of Applicant

Consent & Commitment to Participation

I, under penalty of perjury, do hereby affirm to the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Inc. that I authorize the participation and, hereby, give permission for my (our) child to participate in the Delta GEMS program, including its planned activities, and that I have the legal authority to provide my consent and authorization for such participation. I understand that this program is being sponsored by the Detroit Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. I further agree that if the behavior or health of my child should make it necessary to send her home prior to the return time and date of a particular activity, I will be responsible for those expenses if any are incurred.

I/We understand that no child will be sent home unaccompanied by an adult. There will be chaperones accompanying the GEMS not only during the scheduled activity, but whenever they leave the activity site for field trips, etc. I will make every effort to see that my (our) child attends scheduled meetings and activities.

Field Trip Permission

I/We, hereby, grant permission for our child to participate in activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Chapter. I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity. I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees. I/We do hereby agree to release and hold harmless the Initiatives, 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 for any damage, loss, or injury to my/our child or damage to my/our child's property arising from my/our child's participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

Parent's Initials

Parent's Initials

Photography Consent and Release

I/We, give permission for the Detroit 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 the Delta GEMS programs and activities 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 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 her

parents/guardians and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

General Release

I also, 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 Delta GEMS 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’s Last Name (Printed)

Parent’s First Name (Printed)

Parent Signature

Date

Parent’s Last Name (Printed)

Parent’s First Name (Printed)

Parent Signature

Date

Code of Conduct & Ethics and Internet Acceptable Use

Every participant in the Detroit Alumnae Chapter Delta GEMS program is expected to conduct themselves in a manner that will not belittle or defame the Delta GEMS program or themselves. Using profanity or any other derogatory language is unacceptable and will not be tolerated. Violating any laws, regulations, or statuses at school and/or in the community is considered a violation of this code of conduct and ethics. This policy also relates to the use of computers or Internet access through, during, or as part of any Delta GEMS sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet; from making undesirable contacts over the Internet; and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber-bullying. The focus of the policy is on both personal and shared responsibility. Any participant, who has engaged in behavior that is determined to be in violation of this code, may be subject to their membership being revoked.

I agree to:

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 and leave valuables at home.
10. Not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.
11. Refrain from accessing prohibited materials:
Pornographic images or obscene images or text on Internet web sites; material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous or otherwise offensive language on web sites or in e-mail messages; and racist, exploitative or illegal material or messages on web sites or in e-mail.
12. Refrain from making prohibited contacts:
Responding to e-mail messages or solicitations (through advertisements or web postings) from unknown or unverified parties who seek to establish a youth's identity and/or to communicate with the youth for any purpose; initiating contact with unknown or unverified parties or parties seeking contact youth for any purposes.
13. Refrain from prohibited use:
Deliberately searching for and accessing prohibited materials; creating and transmitting e-mail messages that contain unacceptable language or content such as that listed above in 11; and creating and publishing Internet materials that contain unacceptable language and content.
14. Refrain from Cyber-bullying:
Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings which has the effect of physically, emotionally or mentally harming an individual; placing an individual in reasonable fear of physical, emotional or mental harm; placing an individual in reasonable fear of damage to or loss of personal property; or creating an intimidating or hostile environment that substantially interferes with an individual's educational opportunities.

Parent's Initials

Applicant's Signature

Code of Conduct Continued – Sanctions for Violations of the Code

I understand that the following sanctions will be implemented for violating the Code of Conduct & Ethics and Internet Acceptable Use Policy:

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.

Unacceptable Internet Usage:

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.

We have read and understand the Code of Conduct & Ethics and Internet Acceptable Use Policy and sanctions for violation. We understand that compliance with the Code and Policy is a condition of her participation in the Delta GEMS program. We understand and agree to the sanctions for violating the Code and Policy and will comply accordingly.

Parent's Last Name (Printed)

Parent's First Name (Printed)

Parent Signature

Date

Prospective GEM's Last Name (Printed)

Prospective GEM's First Name (Printed)

Prospective GEM's Signature

Date

Application
**Recommendation Form
 #1**

I, _____, request that you
 First name of applicant Last name of applicant

complete this recommendation form, a requirement to fulfill my application packet for the 26-27 Delta GEMS Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS program.

Signature of Applicant		Date	
Applicant's Last Name	Applicant's First Name		Applicant's Middle Initial
Applicant's Street Address	City	State	Zip

The above student has applied to participate in the Detroit Alumnae Chapter Delta GEMS Program. The selection committee is seeking an honest, clear appraisal of the applicant's qualifications. The applicant's demonstrated academic ability, scholarship, leadership, character, and other pertinent information are welcomed. This recommendation is confidential and will not be seen by the applicant.

Reference's Last Name	Reference's First Name	
Title	Organization	Relationship to Applicant

Area Code & Telephone Number	Email Address
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Application
**Recommendation Form
 #2**

I, _____, request that you
 First name of applicant Last name of applicant

complete this recommendation form, a requirement to fulfill my application packet for the 26-27 Delta GEMS Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS program.

Signature of Applicant		Date	
Applicant's Last Name	Applicant's First Name		Applicant's Middle Initial
Applicant's Street Address	City	State	Zip

The above student has applied to participate in the Detroit Alumnae Chapter Delta GEMS Program. The selection committee is seeking an honest, clear appraisal of the applicant's qualifications. The applicant's demonstrated academic ability, scholarship, leadership, character, and other pertinent information are welcomed. This recommendation is confidential and will not be seen by the applicant.

Reference's Last Name	Reference's First Name	
Title	Organization	Relationship to Applicant
Area Code & Telephone Number	Email Address	

Delta GEM Application Review Check List (For Internal Use: GEMS Review Committee)

Applicant Name	Application#
Applicant Address	City/State/Zip
Applicant Email	Applicant Contact Phone #:

Criteria	Check if YES	Notes/Comments
Application submitted by the due date		
Confirmed Application Number		
General Information Form Completed		
Emergency Information Form Completed		
Authorizations and Permissions Form Completed		
Extra-Curricular List Completed		
Personal Essay Completed		
Code of Conduct and Ethics Form Initialed and Signed		
Initial and signed parental commitment – Initialed and Signed		
Copy of Transcript Received		
Letter of Recommendation - School		
Letter of Recommendation - Personal		
Applicant Recommended for Acceptance <input type="checkbox"/> YES <input type="checkbox"/> NO		

Application Reviewed by: _____

Date of Review: _____