



July 29, 2021

Greetings Ladies,

This letter is to invite you to apply for the Petersburg Alumnae Chapter "PAC" of Delta Sigma Theta Sorority Incorporated 2021-2022 Delta Growing & Empowering Myself Successfully (Delta GEMS) Program. The Delta GEMS program is designed for females between the ages of 14 - 18 who are in grades 9-12. The enclosed information will give you some details about the program. We hope you are interested in joining the program and look forward to receiving your completed application packet.

We require that all prospective GEMS participants provide a schedule of any 2021-2022 after school commitments (such as work, cheer, sports practice, honors club, girls scouts, choir rehearsal) and special events (such as: Prom, Winter/Spring Break, Graduation, etc.) in your packet. **The enclosed application, 2021-2022 after school commitments, special events, completed risk management documents (put N/A and submit even if the form does not pertain to your child) and recommendations must be completed in their entirety, signed with all original signatures, and postmarked to the Petersburg Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to be received no later than August 31st, 2021. NO EXCEPTIONS!**

If you are selected to participate in our 2021-2022 Delta GEMS Program, you will be notified by September 10, 2021 to attend the mandatory virtual orientation session on **September 19, 2021** from 2:00pm - 3:30pm. **A parent or guardian must accompany you to the session.** Please note, acceptance in the PAC's 2021-2022 GEMS program ***does not*** guarantee acceptance of or into any other PAC community program, award, activity and/or scholarship.

If you have any questions or concerns, please feel free to email us at petersburgalumnae.gems@gmail.com or contact either:

Tonya Brown-Fletcher
Chapter President
(804) 721-0117

LaGrace Harvey
Delta GEMS Co-Chair
(804) 895-1762

JaVan Jefferson
Delta GEMS Co-Chair
(804) 803-1616

Thank you in advance for your cooperation and assistance.

Sincerely,

The Delta GEMS Committee



DELTA SIGMA THETA SORORITY, INC.

MISSION - STATEMENT OF PURPOSE

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. A sisterhood of more than 300,000 predominately Black college educated women, the Sorority currently has over 900 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas and the Republic of Korea. The major programs of the sorority are based upon the organization's Five Point Thrust of:

- Economic Development
- Educational Development
- International Awareness and Involvement
- Physical and Mental Health
- Political Awareness and Involvement

The Sorority was founded in 1913 by 22 students at Howard University. These young women wanted to use their collective strength to promote academic excellence; to provide scholarships; to provide support to the underserved; educate and stimulate participation in the establishment of positive public policy; and to highlight issues and provide solutions for problems in their communities.

The organizational structure and governance of the Sorority is invested in the Grand Chapter, which meets in National Convention biennially. Regional Conferences are held in the seven geographic regions of the organization during non-convention years. In the interim, the Executive Board, consisting of elected and appointed members, acts to establish and implement policies, as needed. A paid professional staff, under the leadership of the Executive Director, operates the National Headquarters office in Washington, D.C.

No part of the net income or contributions of the Sorority are utilized to the benefit of, or is distributed to members, officers or other private persons except as authorized by the Sorority to pay reasonable compensation for services rendered or to make payments in furtherance of its purposes.

As a non-profit organization, no part of the Sorority's activities shall be for propaganda purposes or otherwise attempting to influence legislation in a lobbying role. Delta Sigma Theta Sorority, Inc. conducts all of its activities in accordance with the rule that govern organizations whose tax status is 501 (c) (7).



DELTA GEMS: GROWING AND EMPOWERING MYSELF SUCCESSFULLY

A natural outgrowth and expansion for the continuation of the highly successful “Dr. Betty Shabazz Delta Academy: Catching the Dreams of Tomorrow”, Delta GEMS was created to “catch the dreams” of African American at-risk, adolescent girls aged 14-18. Delta GEMS provides the frame work to actualize those dreams through the performance of specific tasks that develop a “CAN DO” attitude. The goals for Delta GEMS are:

- To instill the need to excel academically;
- To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;
- To assist girls in proper goal setting and planning for their futures - high school and beyond; and
- To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

The Delta GEMS framework is composed of five major components (Scholarship, Sisterhood, Show Me the Money, Service, and Infinitely Complete), forming a road map for college and career planning. Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth.



DELTA SIGMA THETA SORORITY, INC.
Petersburg Alumnae Chapter ~ P.O. Box 688 ~ Petersburg, VA 23804

GEMS Parental Consent Form

Please initial each line before each statement.

____ I will accept liability and responsibility for arranging transportation to and from each session my child attends. I understand that members of Delta Sigma Theta Sorority, Inc. are not allowed to transport my child. I know each monthly session begins promptly at 11:00am and will end at 1:00pm. Notification of schedule time adjustments will be provided in a timely manner. (Virtual sessions do not require parent participation but will start promptly at 11am)

____ I understand that my child will be required to sign in upon arriving and to sign out of each session prior to leaving. I must provide a list of approved individuals that are allowed to pick my child up from sessions in my absence. Those individuals will be required to present identification. **(Virtual attendance will be taken)**

____ I acknowledge that my child agrees to abide by the rules and guidelines of the program. In the event that her behavior is deemed inappropriate, she will be dismissed from a session and/or the program.

____ I will make certain that the GEMS Coordinators have current and accurate contact information for me at all times. I will notify the GEMS Coordinators immediately in the event that my phone number(s) changes.

____ To the best of my ability, I will support my child's participation in GEMS by asking questions about her progress, monitoring her completion of home/independent assignments.

____ I understand that the 2021-2022 GEMS Program is an eight month intensive program beginning October 2020 and ending May 2021 (1st Saturday of each month plus additional dates). In addition, I understand that attendance is important. Attendees must attend at least 85% of required activities in order to complete the program. A maximum of two announced absences (notification prior to the activity) is allowed. There may be mandatory enrichment activities or field trips on days other than the 1st Saturday. In addition to the monthly 1st Saturday sessions, the following activities are also mandatory:

October 16th - Attend Petersburg Alumnae Chapter Meeting for Introductions

October (TBD) - Downtown Churches United Walk Against Hunger

December (TBD) - Feed the Hungry

March - (TBD) Sisterhood Dinner at Gilhaven Manor

____ I have reviewed and understand the Code of Conduct and have completed all supplemental forms.

Printed Name of Parent / Guardian

Signature of Parent / Guardian

Date

DELTA SIGMA THETA SORORITY, INCORPORATED
PETERSBURG ALUMNAE CHAPTER
PETERSBURG, VIRGINIA 23804

DELTA GEMS Application

(Growing and Empowering Myself Successfully)

Applicant's Information. Please type or clearly print ALL answers.

Name: _____ Age: _____ Grade: _____

Birthdate: _____ School: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

Physical Address: same as above _____

List all extracurricular activities (organization and club involvement): _____

GEM Participant Questionnaire

(Attach additional sheets if needed and please give plenty of thought to these answers.)

1. How did you learn about the program?

2. Are you available to participate in the activities listed on the Delta **GEMS 2021-2022 Calendar (Page 9)**?
YES ___ NO ___ If no, please explain. _____

3. Please rank the most important aspects of the Delta GEMS program to you. Use the numbers 1-5, using each number only once. Rank 1 as the most important to you and 5 as the least important to you.

- _____ Develop leadership skills and how to relate to others
- _____ Learn skills to improve academically
- _____ Learn skills to improve how I see myself physically, emotionally, and spiritually
- _____ Learn more about how to get into and pay for college
- _____ Learn more about how to become a compassionate, caring, and community minded young woman

4. The thing I do best is _____

5. My greatest success is _____

6. The thing I would like to change most about myself is _____

7. What do you like most about being the leader of a group? What do you like least? _____

Please complete the statement by checking one of the choices.

- | | |
|---|--|
| 8. On most days, I think I am a | 13. In the future, I know that I will be ... |
| <input type="checkbox"/> Great Person | <input type="checkbox"/> Very Successful |
| <input type="checkbox"/> OK Person | <input type="checkbox"/> A Failure |
| <input type="checkbox"/> Awful/Bad/Rude Person | <input type="checkbox"/> Don't Know |
| 9. If you ask the people who know me, I think they would say I am a ... | 14. When I have to meet new people, I become.... |
| <input type="checkbox"/> Nice Person | <input type="checkbox"/> Excited |
| <input type="checkbox"/> OK person | <input type="checkbox"/> Afraid |
| <input type="checkbox"/> Awful/Mean/Rude Person | <input type="checkbox"/> Nervous |
| 10. On most days, I think I look... | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Pretty/Beautiful | 15. My favorite subjects are (<i>check all that apply</i>).... |
| <input type="checkbox"/> Normal/Just ok | <input type="checkbox"/> Math |
| <input type="checkbox"/> Not Pretty/Beautiful | <input type="checkbox"/> English |
| 11. I think my body looks ... | <input type="checkbox"/> Science |
| <input type="checkbox"/> Better than other girls my age | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Average | <input type="checkbox"/> History |
| <input type="checkbox"/> Worse than other girls my age | <input type="checkbox"/> Physical Ed. |
| 12. Being popular is ... | <input type="checkbox"/> Music |
| <input type="checkbox"/> Very important to me | <input type="checkbox"/> Art |
| <input type="checkbox"/> A Little Important | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not Important | |

Essays

Please write no more than 150 word responses to the following questions. You may attach a separate sheet of paper if necessary.

1. Why do you want to be a Delta GEM?

2. What community service have you participated in the last year and why do you think community service is important?

3. What talents and skills can you contribute to enhance the Delta GEMS Program? What talents and skills would you like to expand on while in GEMS?

4. What do you expect to get out of the GEMS Experience?

Delta GEMS Participant Signature

Date

Printed Name of Delta GEMS Participant

PARENTAL INFORMATION. Please type or clearly print all answers.

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent Questionnaire (Attach additional sheets if needed and please give plenty of thought to these answers.)

A. What makes your daughter a good candidate for this program?

B. What lessons do you hope your daughter learns by participating in this program?

C. In what areas would you like to see your daughter improve? School, social skills set, etiquette, etc.

D. What is your daughter's best quality?

EMERGENCY CONTACT INFORMATION FOR PARTICIPANT

Name: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

****PARENTAL PERMISSION IS REQUIRED TO PARTICIPATE****

I grant permission for my child, _____, to participate in all activities of the DELTA GEMS Program. I understand that my child might be photographed and that her photo may be used in a news article and/or other publicity ads.

Parent's Signature: _____

Date: _____

Letter of Recommendation

Each GEMS participant must provide two letters of recommendation. At least one letter should be completed by a teacher, counselor, or community leader (i.e., pastor, city council member, business owner, non-profit organization manager/leader, sorority/fraternity leader, etc.).

To: Petersburg Alumnae Chapter Delta Sigma Theta Sorority, Inc.

From: _____

Re: Delta GEMS Participant

Date: _____

This letter is to verify that _____ is was a student/member/participant in my _____ class/organization/business.

Her academic/personal performance in this class/organization/business is or was

satisfactory unsatisfactory.

Her discipline in this class/organization/business is noted to be satisfactory unsatisfactory.

I recommend this student/member/participant to be a participant in the Delta GEMS, and here is why!

Sincerely,

Signature

DELTA GEMS 2021-2022 Calendar

Everything is **MANDATORY** unless otherwise indicated.

Date	Location	Time	Event/Topic
Saturday, September 11 th	Delta Community Service Foundation House, 2951 S Crater Road, Petersburg, VA 23805	11:00am - 12:30pm	GEMS Orientation and Information Session
TBD	TBD	TBD	** PAC PSAT Workshop
Saturday, September 25 th	Delta Community Service Foundation House, 2951 S Crater Road, Petersburg, VA 23805	11:00am-1:00pm	Political Awareness & Involvement Joint Activity
Saturday, October 2 nd	Meet at Poplar Lawn Park	9:00am-11:00am	Downtown Churches United & Involvement – Walk Against Hunger
TBD	TBD	TBD	Richmond Alumnae Chapter (RAC) Infinite Scholar Scholarship Program
Saturday, October 16 th	Delta Community Service Foundation House, 2951 S Crater Road, Petersburg, VA 23805	1130-12:00 PM	Introduction at PAC Meeting & Networking
Sunday, October 17 th	TBD	11:00am - 2:00pm	**GEMS Worship and Break Bread Together
Saturday, October 30 th	Virtual	9:00-3:00pm	National Program Planning & Development Committee, Local Presidential Youth Conference with Henrico Alumnae and Richmond Alumnae Chapters
Saturday, November 6 th	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	11:00am - 9:00pm	Session #1 Pajama Party/Team Building/Motto Memorized (<i>possible partnership with AH</i>)
Saturday, December 4 th	TBD	11:00am-3:00pm	Session #2 Holiday Event
Monday, December 20 th (during Winter Break)	The Hope Center, 827 Commerce Street, Petersburg, VA 23805	11:00am-1:00pm Arrive by 10:30	Downtown Churches United – Feed the Hungry “The Hope Center”
Saturday, January 8 th	Delta Community Service Foundation House, 2951 S Crater Road, Petersburg, VA 23805	11:00am – 1:00pm	Session #3 TBD
Saturday, February 5 th	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	11:00am - 1:00pm	Session #4: Healthy Relationships
Saturday, February 26 th	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	10:00am - 12:00pm	**Physical & Mental Health Joint Activity
Saturday, March 5 th	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	11:00am-1:00pm	Session 5: Surviving Human Trafficking Joint with International Awareness and Involvement
TBD	Gilhaven Manor, 500 Farmer Street, Petersburg, VA 23805	6:00pm - 7:30pm	**PAC Gilhaven Residents’ Dinner
Saturday, March TBD	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	2:30pm – 4:30pm	Rites of Passage Rehearsal #1
Saturday, April (Spring break dates- TBD)	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	11:00am – 1:00pm	Session #6 G.E.M.S. Day of Service
Saturday, April TBD	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	2:30pm-4:30pm	Rites of Passage Rehearsal #2
Saturday, May 7 th	DCSF House, 2951 S Crater Road, Petersburg, VA 23805	3:00pm – 7:00pm	G.E.M.S. End of Year Celebration
Friday, May 13 th	TBD	6:00pm – 8:00pm	Rites of Passage Rehearsal #3
Sunday, May 15 th	TBD	4:00pm-6:00pm	G.E.M.S. Rites of Passage
	** Indicates that the activity is not a mandatory event. It is optional.		

There may be mandatory enrichment activities or field trips on days other than the 1st Saturday. Please note dates and/or times are subject to change. Updates will be communicated in a timely manner. Communications are provided primarily via GroupMe, email and/or text.

**RETURN APPLICATION, 2021-2022 AFTER SCHOOL COMMITMENTS, SPECIAL EVENTS, RISK MANAGEMENT DOCUMENTS, and RECOMMENDATIONS BY August 31th (POSTMARKED) TO
PAC Delta Sigma Theta Sorority, Inc.**

Attn: Delta G.E.M.S.
P.O. Box 688 Petersburg, VA 23804

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Petersburg Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the DARE ___ GEMS ___ Book Buddies ___ PSAT/SAT Workshop ___ 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 "Releases"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in the DARE ___ GEMS ___ Book Buddies ___ PSAT/SAT Workshop ___ Youth Initiative Program.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Release.

I understand that, without limitation of the foregoing, neither Delta, nor the 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: _____

GUIDELINES FOR DISCIPLINING YOUTH PARTICIPANTS

Discipline is a necessary component of any successful program. Indeed, discipline is necessary for success in life. Thus, it is important to establish clear and consistent boundaries for youth participants and to discipline them when they do not conform to the boundaries. When volunteer leaders impose a consequence, they “must” follow through, and the consequence must fit the offense. In order to gain respect from youth participants, volunteers must also respect the youth. Communications should be made in a positive manner.

The *Code of Conduct for Youth Participants* and the sanctions for violating the Code are set. Following are more specific guidelines to employ in disciplining youth participants.

- If discipline is being imposed, youth participants should be given the opportunity to tell their side of the story.
- Volunteers should attempt to separate the problem from the youth personally. The youth is not the problem, the problem is the problem.
- Stay solution focused and involve the youth participants in the solution process, paying careful attention to their thoughts and feelings. This approach will help the youth participants feel that they are part of the solution not the problem, which helps them feel competent and builds self-esteem.
- When statements or an assessment must be made that could be viewed as critical, begin the process by first noting at least two positive things about the youth; explain that discipline is necessary for growth and that if no one ever explains how the youth needs to improve, she/ he cannot improve.
- Volunteers should not use offensive language and cursing/swearing when addressing youth; doing so teaches them that bad language is appropriate when difficult situations arise.
- If volunteers feel themselves getting too upset and unable to control their temper, they should step back from the situation, thus demonstrating to youth participants how to deal with high emotions and defuse a situation.
- When youth participants perform well (including consistently performing as expected), acknowledge their performance and compliment them.
- If at all possible, discipline youth participants in private and try to avoid embarrassing the participants in front of their peers and other volunteers.
- Rewards and punishments must be appropriate and designed to encourage positive behavior.
- Be proactive rather than reactive. For example, youths are naturally talkative and full of energy; thus, keep them actively involved throughout particular sessions or events, with a variety of activities and opportunities for them to interact, to express themselves, and to release their energy. This approach may help avoid situations that could lead to the need to discipline a youth.
- When discipline is needed, always discipline in a manner to rehabilitate and to guide the youth toward positive growth, rather than simply to punish. There are times when a firm hand is needed, and there are times when grace is needed. Volunteers should explain their understanding of the problem, ask the youth for her/his understanding of the problem, and encourage the youth to help develop a solution.
- Together with youth participants, as a group decide what is and is not objectionable behavior and set specific limits accordingly. Boundaries should empower rather than simply inhibit. Once the limits are set, make sure the youth participants understand and agree to the limits. Always know why a particular boundary exists and be able to explain the rationale for it.
- When disciplining youth participants, allow as much flexibility as possible within established limits; there are times, however, when “No” must be enforced strictly. Regularly bending established limits and creating exceptions diminish the effectiveness of the limits.
- Structure discussions and activities so that youth participants feel empowered to express themselves freely without the fear of being judged harshly or unfairly. When the truth is clear and the choices are presented to them in a non-judgmental way, most youths will correct themselves. When threatened, however, youths are more likely to be defensive, rebellious or even confrontational.
- Use group building exercises as a means of allowing youth participants to be talkative and excited within an orderly context.
- Allow youth participants to help plan and implement activities. The more ownership they have in an event, the less disciplinary problems there will likely be. Involvement and responsibility create commitment.
- During discussions, if necessary use small groups so that all participants feel included. Be conscious of transitions between activities; when there is a lag, problems tend to occur.

Always use good judgment and common sense. No policy or rule can address every conceivable issue that might arise.

**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)¹ 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.

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*.

Print Name Signature

Date _____

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the _____ program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Print Name

Signature

Date

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

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the DARE____ GEMS____ Book Buddies ____ PSAT/SAT Workshop ____ Youth Initiatives 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 _____

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 Petersburg Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Petersburg Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

INTERNET USE POLICY

1. Purpose

This policy relates to the use of computers or Internet access through, during, or as part of any Delta Sigma Theta Sorority, Inc. ("Delta") Youth Initiative Program ("Program") or 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.

2. Definitions and Illustrative Examples

A. Examples of 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.

B. Examples of 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.

C. Examples of 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 2A, bullet 2; and
- Creating and publishing Internet materials that contain unacceptable language and content.

D. Examples of 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.

3. Unintentional Exposure of Youth to Prohibited Materials on the Internet

It is the Delta's policy that Chapters must undertake every reasonable step to prevent exposure of youth participants to undesirable materials on the Internet. It is recognized that this can happen not only through the youth deliberately searching for such materials, but also unintentionally when a justifiable Internet search yields unexpected results.

To prevent such occurrences chapter shall adopt the following practices:

- A. Chapters should use an Internet Provider or software that blocks access by:
 - Filtering sites by a grading process, and
 - Filtering sites by language content and prohibit sites with unacceptable vocabulary.
- B. Chapters must strictly supervise Internet usage:
 - Adults must strictly supervise youth participant's Internet activity, and there should be no searching of the Internet without a supervisor checking periodically during use and reviewing the sites accessed after a youth logs off;
 - Install appropriate language filtering software (*e.g.*, Net Nanny).

4. Intentional Access of Prohibited Materials by Youth

Chapter shall explain clearly and firmly to the youth that they are prohibited from intentionally accessing prohibited material on the Internet. The youth also must be informed that if she/he violates this policy, she/he will be disciplined and her/his parents or guardian will be notified. Chapters must follow through with disciplining the youth and notifying the parents or guardian.

5. Deliberate Access to Prohibited Materials by Adults

Adults are prohibited from deliberately accessing prohibited materials. Any adult who violates this policy will be terminated as a volunteer.

6. Receipt and transmission of e-mails by youth

It is recognized that, even with training and supervision, youth may receive or transmit email messages that contain unacceptable (or even prohibited) language or content. It is also recognized that some people may try to use e-mail to identify and contact children for unacceptable reasons.

To avoid these problems, chapters should adopt the following practices:

- A.** Use an Internet e-mail service that guarantees the bona-fide nature of e-mail communicants and that vets youth's e-mail for undesirable content.
- B.** Depending on the circumstances and the age or maturity of the youth, allow youth to read e-mail messages only when an adult is present or when the messages have been previewed by an adult.
- C.** Take steps to verify the identity of anyone seeking to establish regular e-mail communications with youths.
- D.** Allow youth to send e-mail messages only when the contents have been approved by an adult. If staff or volunteers believe that youth have been targeted with e-mail messages by parties with criminal or inappropriate intent, **immediately take the following steps:** retain the messages; record the incident; inform the youth's parents; and report the incident to law enforcement or other local or state authorities.

7. Publishing Materials on the Internet

No materials, whether created by volunteers or youth participants, that contain any prohibited images, language, or content shall be published on the Internet. Infringement of this rule shall result in disciplinary action.

No materials shall be published on the Internet that reveals the identity of any youth.

8. Use of the Delta's Internet by Visitors and Guests

No visitor or guest shall be allowed to use any Delta computer.

9. Intellectual Property Rights

- A.** Delta's Intellectual Property. No individual member owns any of Delta's intellectual property (which includes any Delta logo, word(s), or phrase(s) commonly associated with, and understood to refer to, Delta, and the "look" of any Mark used to distinguish merchandise and service as being associated with or related to Delta. Thus, no member is authorized to use such property for any inappropriate or any commercial purpose (*i.e.*, to make money from using the property or to promote other causes), or to authorize any third party to use Delta's intellectual property for **any** purpose. See Delta's Code of Conduct; Social Media Guidelines, and Primer on the Use of the Intellectual Property of Delta Sigma Theta Sorority, Inc.
- B. Third Parties' Intellectual Property Rights.** All materials on the Internet are copyrighted and/or trademarked unless copyright has been expressly waived. Delta respects the intellectual property rights (copyright, trademarks, service marks, and related rights) of third party owners Internet materials, and Delta assumes no liability for violations of any intellectual property rights by volunteers or youth participants.

10. Parental Approval of Publication of Photographs or Other Materials

Chapters may publish photographs of youth participants on the Internet, so long as the parent or guardian has granted authorization. Depending on the nature and content, other materials may be published so long as the parent or guardian has given written consent.

MEDICAL INFORMATION FORM

Today's Date: _____

Health History:

Child's Name (Last, First, M.I.): _____

Gender (check one): Male _____ Female _____ DOB (mm/dd/yy): _____

Parent/Guardian Name: _____

Does Parent/Guardian live in home with child? _____

Parent/Guardian Name: _____

Does Parent/Guardian live at home with child? _____

Is/Has child been under regular supervision of a physician? _____

Name and address of physician _____

Date of last physical exam: _____

Health and Developmental History:

Childhood illness: Check any that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Hay Fever | (Rubella) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Three-Day Measles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | (Rubella) |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Rheumatic
Fever | <input type="checkbox"/> Poliomyelitis | _____ |
| | <input type="checkbox"/> Ten-Day Measles | _____ |

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

If yes, please provide detailed explanation

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

If yes, please provide detailed youth initiatives program? explanation

Specify any other serious or severe illnesses or accidents:

Does child take prescribed medications? _____

Name the medications: _____

Frequency Taken: _____

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

Does child take any over the counter medications frequently? _____

Name the medications: _____

Frequency Taken: _____

Does child have any allergies? Specify:

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

Reason for use:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Minor:

Date of Birth _____ Age _____

Address:

City/State/Zip Code

Parent/Guardian Home Phone

Cell Phone _____ E-mail Address _____

Minor's Gender _____ Height _____ Weight _____

Commented [RS1]: Format

HEALTH INFORMATION

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.

Allergies/Sensitivities (be specific)

Foods

Medicines

Bee sting or insect bite

Other: _____ --

Asthma

Program

Glasses

Contacts

Hearing Problems

ADD/ADHD

Other

Vision Problems

Inhaler required at

Hearing Aid(s)

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

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 _____

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 _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Parent/Guardian #2

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian _____ Date _____

Signature

Parent/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION FORM

(To be filled out by the physician dispensing the medication)

Name of Minor _____ Birthdate _____
Medication _____
Dosage _____
Time of administration _____
Reason for medication _____
Route of administration _____
Possible side effects and significant information _____

Physician's signature _____
Physician's telephone number _____

PARENTAL PERMISSION FORM

ADMINISTRATION OF PRESCRIPTION MEDICATION

I/We hereby give permission for _____ to take _____ at the youth initiatives program as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to _____ at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish this medication and any authorized refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, Petersburg Alumnae 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 Petersburg Alumnae Chapter youth initiatives program reserves the right to refrain from administering medication if in the judgment of the _____ youth initiatives program, or other authorized program officer, agent, or employee the circumstances do not warrant medication administration.

I/We understand that the medication must be brought to the Petersburg Alumnae Delta GEMS program by me/us in the original appropriately labeled container. If I/we cannot bring the medication to the Petersburg Alumnae Delta GEMS Program, I/we will call Petersburg Alumnae Delta GEMS program to inform them that my/our child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature _____ Date _____

Please place a N/A over this from if it does not apply to your child and submit.

MEDICATION ADMINISTRATION PROCEDURES

Prescription Medication

1. We require the Medication Authorization Form to be completed by the prescribing physician and the parent.

For each prescription medication ordered, the physician must give the following information: (1) the student's name, (2) the medication, (3) the dosage, (4) the time of administration, (5) the reason for administration, (6) the route of administration, (7) the possible side effects, and (8) any other significant information. The form must then be signed and dated by the prescribing physician. Signed parental consent is also required for each medication. This consent releases Delta, the Petersburg Alumnae Chapter youth initiatives program, and their officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns from liability if the medication causes adverse reactions. The Medication Authorization Form is updated annually.

2. The original prescription container must accompany all medication to be given at the Delta GEMS program. Medications should be brought to the Delta GEMS program by the parent or responsible adult and taken to _____. The original prescription container should be labeled with the following information: name of student, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, and expiration date.
3. If possible, the parent should provide ____ days worth of the medication if it is to be given every day. It is the parent's responsibility to provide adequate refills on a timely basis.
4. All medication is kept in a locked cabinet or locked container at all times. If not retrieved by a parent or responsible adult, all medication will be destroyed one week after the expiration date or at the end of the term for the Delta GEMS program.
5. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

Over-the-Counter Medication

1. Written parental consent for the administration of over-the-counter medication is obtained through the emergency forms.³
2. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

****Please place a *N/A* over this from if it does not apply to your child and submit.



DELTA SIGMA THETA SORORITY, INCORPORATED
PETERSBURG ALUMNAE CHAPTER
 PETERSBURG, VIRGINIA 23804



CONFIDENTIALITY POLICY

It is the policy of Petersburg Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, Petersburg 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 Petersburg 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 Petersburg 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 Petersburg 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 Petersburg 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.

 Parent Acknowledgement of Receipt Signature

 Date

DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY

It is the policy of the Petersburg Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its Delta GEMS Youth Initiative Program ("Program"). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.
3. One of the following procedures shall be observed during departure and return:
 - a. Parents or an authorized representative will sign out youth.
 - b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
 - c. When chapters provide transportation to off-site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

Chapters should clearly communicate to parents or guardians that, if a parent or guardian wishes to arrange alternative transportation for their child to attend an off-site activity, the youth may join the group at the event or activity, but the Petersburg Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.

PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, _____ ("Parent/Guardian"), as parent(s) or legal guardian(s) of _____, give permission for the Petersburg 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 DARE ___ GEMS ___ Book Buddies ___ PSAT/SAT Workshop ___ Youth Initiative Program on _____ (date of the event), without payment or any consideration and without notifying me.

EMBODI_____ Book Buddies_____ PSAT/SAT Works

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 DARE___ GEMS___ Book Buddies___ PSAT/SAT Workshop___ 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

Parental Permission and Release

I/We am/are the parent(s) or legal guardian(s) of _____ (Delta GEM).

I/We am/are aware that the PAC Delta GEMS from the Petersburg Alumnae Chapter (PAC) of Delta Sigma Theta Sorority, Inc. will participate in sessions with various topics.

I/We am/are aware that some sessions throughout the year may cover such sensitive topics as sex, dating, sexually transmitted diseases, pregnancy, rape, relationships, depression, suicide, bullying, hygiene and other related topics. I/We am/are aware that this session may contain content that is deemed unsuitable for children less than 17 years of age or minors.

By my/our signature, I/We grant my permission to allow the above-named Delta GEM to attend and participate in the session without restriction or limitation, and I perpetually release 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 expense from the consequences of my decision of allowing a minor to participate in the session.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____