



A Nationally Recognized Program

DELTA GEMS

San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

2011-2012

DELTA GEMS Application

**“DEVELOPING EFFECTIVE LEADERSHIP THROUGH ACHIEVING,
GROWING, EMPOWERING MYSELF SUCCESSFULLY”**

SPONSORED BY:

*San Francisco Alumnae Chapter
Delta Sigma Theta Sorority, Inc.*



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DELTA GEMS Program Information

Delta Sigma Theta Sorority, Inc. is a non-profit nationwide organization, whose purpose is to provide service and programs to promote human welfare. The Delta GEMS Program (formerly known as Delteens) is a youth community service program of San Francisco Alumnae Chapter. In 2006, the program was renamed to DELTA GEMS (Developing Effective Leadership Through Achieving, Growing, Empowering Myself Successfully), which is an extension of the Dr. Betty Shabazz Delta Academy program. The Program's name and content were changed to become consistent with other teen programs sponsored by Delta Sigma Theta Sorority, Inc. The Delta GEMS primary focus is on teen girls between the ages of 14-18 and/or in grades 9-12 and to help them develop strong leadership skills.

The goals for Delta GEMS are:

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

DELTA GEMS Membership

Membership into the Delta GEMS program is held once a year. The following criteria will be used to determine membership eligibility:

- Currently attending high school in San Francisco or Marin County (grades 9-12)
- Must have a grade point average of 2.5 or above
- Submit a current report card
- Participate in the interview process
- Submit with parental signature the "Agreement to Participate"

Activities:

The following activities are included but not limited to the organization's participation:

- Workshops and Presentations
- Community Service
- Teambuilding Outings/Field Trips
- Black History Month Observance
- Annual Delta GEMS Conference

Motto:

"I believe I can succeed, and because I believe... I have!"



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DELTA GEMS Important Dates and Deadlines

Selection Process:

There will be an Information Session and interviews conducted for all parents and applicants. After submitting your application, you will be contacted by a Delta GEMS Committee Member to schedule an interview time.

- Applications are due **Thursday, December 1 at 5:00pm**. Packets may be submitted via fax to mail to the following address:
ATTN: Valerie Allen, PACT, Inc.
635 Divisadero Street
San Francisco, CA 94117
Fax: (415)922-6305
- Interviews are scheduled for **Saturday, December 17 and will start at 10:00am at PACT, Inc.** Each interview will take approximately 15 minutes.
- Completed applications must be submitted before your interview or you will not be considered for membership.
- For questions, contact the Delta GEMS Committee at gems.sanfrancisco@gmail.com.

If selected for membership:

If selected to become a member of the Delta GEMS program, I agree to the following guidelines and expectations:

- Participation in the Membership Orientation is mandatory.
- Involvement and participation in all Delta GEMS activities.
- Membership is strictly voluntary and requires a strong level of commitment.
- Members in good standing may continue membership until high school graduation.
- Attendance at all regularly scheduled meetings and other planned activities is expected.
- A 2.5 or above grade point average will be required and maintained.
- Appropriate behavior becoming of a lady should be exemplified at all times.

Meeting Dates:

- January 14, 2012 – Membership Orientation
- January 28, 2012
- February 11, 2012
- February 25, 2012
- March 10, 2012
- March 24, 2012
- April 14, 2012
- April 28, 2012
- May 12, 2012
- June 2, 2012

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



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DELTA GEMS Membership Application

Name: _____

Age: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Email Address: _____

Current School: _____ Grade: _____ GPA: _____

Currently employed? Yes No If yes, avg. hours worked per week: _____

If no, do you have plans to get a job? Yes No

Former Delta Academy or GEMS participant? Yes No Year(s): _____

Name of Parent(s) or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact #: _____ Secondary Contact #: _____

Parent's Email Address: _____

Check One:

Our/my daughter lives with: Both Parents One Parent Guardian

Activities & Honors: Describe your involvement in extracurricular school activities and community service. Provide a brief overview of any special awards received for academics, athletics, and/or achievements.



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Agreement to Participate

We have read and agree with the information provided for the Delta GEMS Program sponsored by the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) daughter is selected for membership into the Delta GEMS Program, please accept (our/my) signature(s) as (our/my) consent to have her participate.

Student Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Medical Information

Emergency Contact: _____

Hospital Preference: _____

Medications: _____

Allergies: _____

Other Pertinent Medical Information: _____

Emergency Medical Information:

In order to meet all legal requirements, I hereby authorize the members of the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to give consent for my daughter to receive any and all emergency medical care at my expense. In the event that I cannot be reached to make emergency medical care arrangements at the time of illness or accident, I hereby authorize the emergency contact persons listed below to take my daughter to the nearest hospital or medical facility. In the event they are also not available, I then authorize the members of the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to take my daughter to the nearest hospital or medical facility.

I hereby give permission for my daughter _____ to participate in the 2011-2012 Delta GEMS Program. I understand that it is my sole responsibility to transport my child to and from any related activity. I agree that I will make all arrangements for a competent adult to be responsible for transporting my child to and from events in my absence. Thus, I hereby sign my signature below to release, acquit, waive and forever discharge Delta Sigma Theta Sorority, Inc. and the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its Board members, officers, assigns and individual members from all, and any manner of action and actions, cause and causes of action that may arise from loss of property, personal injury or use of likeness arising out of my daughter's participation with the GEMS Program.

Printed name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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Participation Permissions

PHOTO RELEASE:

I grant permission for the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to include my daughter _____ in pictures taken at Delta GEMS activities held throughout the year. I also give permission for the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to use picture when explaining the purpose and objectives of Delta GEMS to the community.

Parent/Guardian Signature

Date

WORKSHOP PERMISSION:

I grant my daughter, _____ permission to participate in the workshops presented to Delta GEMS.

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION:

As the parent/guardian of _____, I hereby give consent for her to attend field trips with Delta GEMS sponsored by the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. My daughter and I understand that she is to comply with all rules and regulations established by all representatives of Delta Sigma Theta Sorority, Inc.

I understand that precautions will be taken to ensure my daughter's safety. I, therefore, will not hold the San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my daughter.

Field trips are subject to change, and notification is at the discretion of San Francisco Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian Signature

Date