

# OFFICIAL APPLICATION PACKET

September 18, 2011

Dear Interested Student:



As an organization of college-educated women, the **Henry County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.** plays an active role in the educational movement, seeking to inspire, motivate, and support the aspirations and achievement of youth and young adults. The Educational Development Committee of the **Henry County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.** seeks to expose area youth to cultural, educational and community involved activities and therefore invites interested youths attending Henry County and metro Atlanta schools. Eligible students include:

- Middle and High School African American Male students (6<sup>th</sup> – 12<sup>th</sup> grades)
- Female students in Middle School (6<sup>th</sup> – 8<sup>th</sup> grades)
- Female students in High School (9<sup>th</sup> – 12<sup>th</sup> grades)

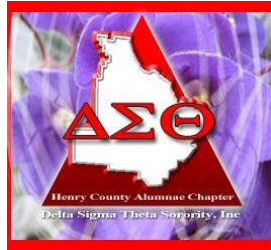
Below are descriptions of our youth initiatives:

The **Dr. Betty Shabazz Delta Academy** provides an opportunity for us to enrich and enhance the education of young girls (ages 11-14). Our primary goal is to prepare these girls for leadership by focusing on the cultivation and maintenance of relationships, scholarship in math, science, and technology, and by providing opportunities for public service.

The **Dr. Jeanne L. Noble Delta GEMS Institute** is an outgrowth and continuation of the Delta Academy program. Through its goals, Delta GEMS provides the framework for high school girls to actualize the dreams the Delta Academy cultivated. We endeavor to instill the need to excel academically, assist in goal setting and planning for the future, and to actively involve these young women in service learning and community service projects. This program is designed to demonstrate the relevance of scholarship, provide experiences in the areas of mathematics, science, technology, literature, non-traditional careers and personal development, while reinforcing the importance of scholarship, community service and sisterhood.

**Empowering Males to Build Opportunities for Developing Independence (EMBODI)**, an initiative designed to refocus Delta's efforts to collaborate with other established organizations and agencies to address the plight of African American males. The EMBODI program serves as a motivational tool for males with the ultimate goal of increasing their knowledge and awareness of issues affecting young men today.

Please visit our website at [www.hcaedst.org](http://www.hcaedst.org) for more information and to download the complete application packet for participating in one of three outstanding mentoring programs. **Applications are to be postmarked by Monday, December 5, 2011.** For questions, please contact Janice Jones, Educational Development Committee, at [jlj1992@yahoo.com](mailto:jlj1992@yahoo.com).



## 2011-2012 EMBODI APPLICATION CHECKLIST

This sheet is for your personal use and should not be returned with your application packet. Also forms should be signed and dated.

Place a check mark next to the items below to ensure all items are included in your application packet:

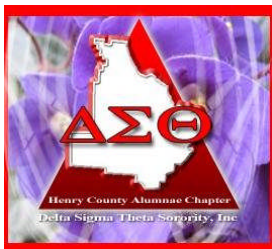
- Δ
- Δ Personal Information Form
- Δ Letter of Recommendation
- Δ Confidentiality Policy
- Δ Waiver and Release
- Δ Code of Conduct
- Δ Youth Pick-Up Authorization Form
- Δ Sign In/Out PolicyField
- Δ Trip Permission
- Δ Photograph and Video Release Form

### Forms required for Orientation.

- Δ Emergency Medical Treatment Authorization Form
- Δ Health Information Form
- Δ Physician and Insurance Information
- Δ Emergency Contact Information
- Δ Medical Information Form
- Δ Internet Use Policy

**Please mail the application packet to:**

**Henry County Alumnae Chapter  
Attention: Educational Development Committee  
P.O. Box 787  
McDonough, GA 30253**



2011 — 2012 Program Application  
Deadline: December 5, 2011

For more information, please contact:

[ilj1992@yahoo.com](mailto:ilj1992@yahoo.com)

This program is for Middle and High School African American Males, 6<sup>th</sup> - 12<sup>th</sup> grades.

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### PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

### SCHOOL INFORMATION

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

Honors/Awards/Achievements:

\_\_\_\_\_

### TELL US MORE ABOUT YOU

List all extracurricular, community, church activities, public service projects and interests and positions held:

- 1.
- 2.
- 3.
- 4.

List your special talents, skills and hobbies:

- 1.
- 2.
- 3.

Describe your career goal(s):
Medical Conditions:
<input type="checkbox"/> By checking this box, I understand that members of the <b>Henry County Alumnae Chapter</b> will not provide with any medications. I also understand that I am responsible for administering any medication.

**\*T-Shirt Size (Adult Sizes)**

XS    S    M    L    XL    XLL    XLLL

**\*\*\*Calendar of activities to be announced at a later date. The EMBODI program will not begin until after January 2012.**

By checking this box, I understand that Orientation is mandatory for both parent and child and that my child must attend at least 80% of all scheduled activities.



**PARENTAL AFFIRMATION**

I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the **Henry County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated** that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the **EMBODI** youth initiatives program (including planned activities), and that I have legal authority to provide my consent and authorization for such participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



## **EMBODI Program Recommendation Form**

This recommendation form is to be completed by the **applicant** and a **COMMUNITY LEADER, PASTOR, SCHOOL ADMINISTRATOR** or **SCHOOL COUNSELOR ONLY**. Failure to submit a completed recommendation form by the required due date will result in ineligibility. Please use **Blue** or **Black** ink.

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### **Applicant Only**

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_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Date of Birth	Age	Current Grade

Person Recommending Name:

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_____	_____
Email Address	Cell Phone #

Please list all activities currently involved in: (sports, clubs, academic team, church commitments)

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**Full Name**

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**Position/Title**

**Provide your signature on ONE of the following statements:**

I, \_\_\_\_\_, fully recommend this applicant.

I, \_\_\_\_\_, recommend this applicant with the following reservations:

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I, \_\_\_\_\_, cannot recommend this applicant for the following reasons:

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## CONFIDENTIALITY POLICY

It is the policy of **Henry County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated** ("Delta") to protect the confidentiality of its youth participants and their families. Except as provided below, **Henry County 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 **EMBODI** program and to better serve the needs of the youth participants, the **Henry County 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 **Henry County 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 **Henry County 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.

**CONFIDENTIALITY POLICY (CONTINUED)**

**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 **Henry County Alumnae Chapter**, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

**Please check here if you have read and agree with this**

Mother/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## WAIVER AND RELEASE

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold harmless **Delta Sigma Theta Sorority, Incorporated** ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively "Releasees"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in the **EMBODI** Program.

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

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_



### **CODE OF CONDUCT FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

#### **Sanctions for Violating Code of Conduct Bad Language/Abusive Teasing and Related Acts:**

- 1st Time: Verbal warning, parent or guardian notified from this point forward
- 2nd Time: Loss of privileges
- 3rd Time: 1-day suspension from program
- 4th Time: 1-week suspension from program

#### **Next occurrence youth is removed from the program. Physical Violence and Other Misconduct:**

- 1st Time: Removal from situation, loss of privileges, guardian notified from this point forward
- 2nd Time: 1-day suspension from program
- 3rd Time: 1-week suspension from program

#### **Next occurrence youth is removed from the program. Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

With my parent or other adult, I have read the Code of Conduct and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the Code of Conduct.

Participant Signature (Print Name)

Date

Parental Signature



**YOUTH PICK-UP AUTHORIZATION FORM**

I authorize the persons listed below to pick-up my child from the **EMBODI** 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).*

*By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and*

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:

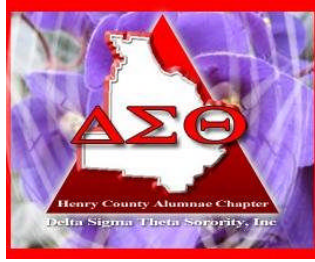
Name:		Relationship:	
Home Phone:		Work Phone:	Cell Phone:

Name:		Relationship:	
Home Phone:		Work Phone:	Cell Phone:

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

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/ SIGN OUT POLICY**

It is the policy of the **Henry County Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated** that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its **EMBODI** Youth Initiative 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 **Henry County Alumnae Chapter** assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.**

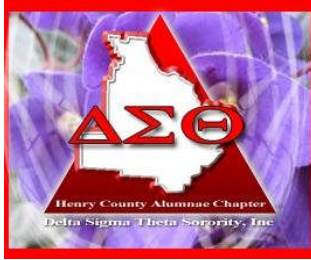
**Please check here if you have read and agree with policy.**

Mother/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**FIELD TRIP PERMISSION**

I, We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (“Child”), give permission for my/our Child to participate in the **EMBODI** Youth Initiatives Program's (the "Initiatives") 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.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM**

I/We. \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for **Henry County 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 **EMBODI** Youth Initiative Program on any scheduled date of programming 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 **EMBODI** 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.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Last Name:	First Name:	Middle Initial:
Current Age:	Date of Birth:	
Mailing Address:	City, State	Zip
Minor's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
Parent/Guardian Last Name:	Parent/Guardian First Name:	
Mother's E-mail Address:	Cell Phone:	

### 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                       Inhaler required at Program

Vision Problems               Glasses     Contacts

Hearing Problems               Hearing Aid(s)

ADD/ADHD

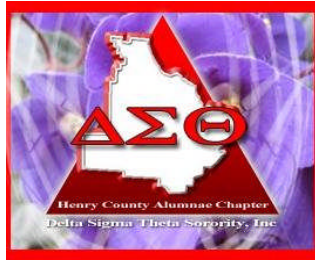
Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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 \_\_\_\_\_

**Consent to treatment at the following hospital(s):** \_\_\_\_\_

**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 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### 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*

- Measles
- Mumps
- Asthma
- Chickenpox
- Rheumatic Fever
- Hay Fever
- Diabetes
- Epilepsy
- Whooping Cough
- Poliomyelitis
- Ten-Day Measles (Rubella)
- Three-Day
- Measles (Rubella)

Other (please list): \_\_\_\_\_

Does child have any significant health history, conditions, communicable illness, or restrictions that may effect child's participation in the **EMBODI** youth initiative program? (check one)  None  Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

Does child have any significant food/medication/environmental allergies that may require emergency care at the **EMBODI** youth initiative program? (check one)  None  Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION FORM (CONTINUED)**

Specify any other serious or severe illnesses or accidents: \_\_\_\_\_

\_\_\_\_\_

Does child take prescribed medications? \_\_\_\_\_

Name the medications: \_\_\_\_\_

- 1.
- 2.

Frequently Taken: \_\_\_\_\_

(For any medications or treatments required during the course of the **EMBODI** youth initiatives program, a Medical 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 device(s) (i.e. hearing aids, cochlear implants, etc.): \_\_\_\_\_

Name the Device(s): \_\_\_\_\_

Reason for use: \_\_\_\_\_



## 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 an 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.

## INTERNET USE POLICY (CONTINUED)

### 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.

## **INTERNET USE POLICY (CONTINUED)**

### **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.

Please check here if you have read and agree with this policy.

Mother/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_