

Delta G.E.M.S. – Growing and Empowering Myself Successfully

Application for Admission

Please type or print legibly in black or blue ink. Answer all questions.

Applicant's Name: _____
Last First Middle

School _____

Counselor _____ Overall GPA _____

In school, I sometimes have difficulty with _____

Will you need a tutor? (circle one) **Yes** **No**

If yes, please specify area(s) _____

Please list other organizations you are involved with:

I understand the purpose of the Delta G.E.M.S. program and I intend to fulfill my responsibilities in partnership with the Theta Delta Core and Bloomington-Normal Alumnae Chapters of Delta Sigma Theta Sorority, Incorporated.

Applicant's Signature Date

I have read and understand the purpose of the Delta G.E.M.S. program and give my consent for my daughter to participate. In granting permission, I understand that, for the protection of both my daughter and the Theta Delta Core and Bloomington-Normal Alumnae Chapters of Delta Sigma Theta Sorority, Incorporated, the sorority and its representatives will supervise all activities and all activities will take place in a public setting.

Parent's Signature Date

Applicant Essay: Write an essay about yourself and why you wish to be a Delta G.E.M.S. member. Please answer the following questions within your essay: Who are you? What can you do to support this organization? What community service (volunteering) have you participated in? What would you like to get out of this organization? What would you do if you were in conflict with another person? This essay represents you. Be sure to check for grammar and spelling. **Your essay must be 500 words or more to be considered.** Typed copies are preferred, but handwritten is acceptable if legible.

(Application continues on back)

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Medical and Travel Consent, Assumption of Risk Waiver and Indemnification Agreement

I, _____ authorize my dependent, _____,

to receive medical examinations and emergency treatment by a licensed physician or trained medical caregiver, if necessary, while participating in the Delta G.E.M.S. program, including travel and field trips. However, I fully understand that neither Delta Sigma Theta Sorority, Incorporated, nor the Delta G.E.M.S. program, pays for such medical or emergency services, or has the duty to provide them. I agree to pay all bills related to medical and emergency service received by the participant, which my insurance does not cover.

My dependent is also authorized to travel on Delta G.E.M.S. sponsored trips and affairs in vehicles supplied or coordinated by the Delta G.E.M.S. program while she is enrolled as a participant. I understand that there may be dangers involved in traveling. This includes, but is not limited to the possibility of accidents during, to, from, and at the final destination, and contact with people over whom Delta G.E.M.S. has no control, and exposure to different and unfamiliar places, environments, and accommodations over which Delta Sigma Theta Sorority, Incorporated and the Delta G.E.M.S. program has no control.

In consideration of the participant being allowed to participate in the Delta G.E.M.S. program, I release and agree to indemnify and hold harmless Delta Sigma Theta Sorority, Incorporated and the Delta G.E.M.S. program, its representatives, officers and members, against and from any and all claims, damages and expenses arising out of, or resulting from injuries, losses, and medical treatment, services, care, travel and exposure to risks involved with travel and field trips.

Parent or Guardian's Signature

Date

In case of an emergency, contact:

Name _____

Relationship _____

Address _____

Home Phone _____

Cell Home _____

Name _____

Relationship _____

Address _____

Home Phone _____

Cell Home _____