

Dr. Betty Shabazz Delta Academy Program
Delta Sigma Theta Sorority, Incorporated
Tampa Alumnae Chapter

Delta Sigma Theta Sorority, Incorporated is a national public service sorority of college-educated women committed to improving communities and empowering families to live their best life. The Sorority's dedication to enhancing the life of others is realized through its five-point program initiatives: Educational Development; Economic Development; Physical and Mental Health; Political Awareness and Involvement; and International Awareness and Involvement.

The Dr. Betty Shabazz Delta Academy is a national program for middle school girls ages 11-14. It focuses on providing experiences and opportunities to enhance academic, social, and intellectual development, with specific emphasis on maximizing the potential to gain access to math, science, leadership, and technology experiences. The program also focuses on improving self-esteem, self-motivation, and developing life skills.

General Information

- A. The program is designed primarily for middle school girls ages 11-14 who have limited opportunities to achieve success and who are interested in math, science, technology, or careers that are considered non-traditional for women.
- B. Monthly meetings are held the first Saturday of each month to provide hands-on activities in math, science, and technology. Sessions on reading, self-esteem, health issues, off-site visits, and field trips are also included.
- C. **Goals and Objectives:**
 - a. **Scholarship**-support and encourage young girls to reach their academic potential
 - b. **Sisterhood**-teach cultural, social, spiritual, moral beliefs, and values and encourage sisterly and helpful attitudes toward the program and others
 - c. **Service**--participate in organization and community service projects.
- D. **Program Activities** include but are not limited to the following: Parent/Daughter Orientation, assessment in math and science, computer training; study techniques, seminars, cultural enrichment activities for members in 'good standing' as described in the *Code of Conduct*, Career Expo, End of the Year Program, tutorial assistance, and mandatory essay about Delta Academy experiences. *Parent/Guardian Permission will be required for all off site activities as well as educational sessions related to HIV/AIDS Awareness and Sexual Health/Awareness.*
- E. **Service Projects** will include but are not limited to the following: SEE Program, Volunteering at Metropolitan Ministries, Toys for Tots, Relay for Life, and participation in Delta Sigma Theta Sorority, Inc. International Day of Service

F. Membership Criteria:

- Attend middle school or MUST be 11-14 years of age
- Submit completed application packet that includes an application, 100-word essay on “My Dream”
- Copy of last school year report card
- Completed and signed *Medical/Hold Harmless Statement*
- Signed *Code of Conduct Acknowledgement Form*
- Signed *Photography/Videotaping Release Form*
- Attend the mandatory parent/participant orientation

Risk Management

The Tampa Alumnae Chapter will administer all youth initiatives (Delta Academy, Delta GEMS, and EMBODI) consistently and in a manner that is in the interest of both the participating youth and Delta Sigma Theta Sorority, Inc. (*i.e.*, minimize any harm or injury to the youth as well as the probability of Delta incurring liability), all members, volunteers and participants shall adhere to the policies set forth in the “Risk Management Manual.”

All volunteers for the aforementioned youth initiatives shall participate in Risk Management Training. This will include a review of the “Risk Management Manual,” completion of the Risk Management Application, Interview, and general background check.

The Risk Management Committee shall ensure that the “Risk Management Manual” is implemented with fidelity and will be responsible for addressing any violations, concerns, or issues that relate to potential risks. The Risk Management Committee shall be comprised of members of the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. including the Chapter President, Vice-President over Program Planning (Risk Management Coordinator), Chair of Educational Development, Chair of Delta Academy, Chair of Delta GEMS, Chair of EMBODI, and Chair of Policies and Procedures.

Code of Conduct

Membership in the Dr. Betty Shabazz Delta Academy requires a strong level of commitment and responsibility by parents and participants. All parents and participants must agree to be governed by the *Code of Conduct*, which addresses in detail: expectations, attendance, behavior, participation, dress and appearance, academic progress, disciplinary action, and leadership roles.

1. The official name of the program is the Tampa Alumnae Chapter "Dr. Betty Shabazz Delta Academy." This is a national initiative of Delta Sigma Theta Sorority, Incorporated, which is anchored in the basic tenet of Sisterhood, Scholarship, and Service. The theme is "The Transformation of Me...Knowing Me, Developing Me, Preparing Me"
2. The dress code is neat, clean, and casual clothing. Sleeveless tops, short skirts/shorts, belly shirts, and low riding pants are unacceptable.
3. Respect and courtesy must be rendered to all adults and peers at all times.
4. Participants must strive for academic progress while in the program. Participants must submit a copy of each report card at the first meeting following receipt of the report card.
5. Meetings and Attendance:
 - Participants are expected to arrive on time and attend meetings on a regular basis
 - Parents must notify the chair or co-chair of participant's absence no later than 30 minutes after meetings start
 - Participants must keep up with and bring Delta Academy tools supplied by the committee to every meeting
 - Parents are required to drop-off and pick-up participants in a timely manner
 - If parent/guardian is unable to pick up participant, a written statement, with parent/guardian's signature and contact number, must be provided to allow release to a designated person. The designated person must show proper identification.
6. Membership Status:
 - Active Members in Good Standing
 - No more than **three** absences to regular monthly meetings
 - Participated in at least one service project
 - Participated in at least one contest
 - Improved math and/or science grade if less than a 'C'
 - Present and on time to meetings
 - Meets deadlines
 - Submitted the *mandatory* "My Delta Academy Experience" essay
7. Forfeiture of Membership
 - Failure to attend *mandatory* orientation without prior notice given
 - A total of four absences to regular monthly meetings
 - Persistent misconduct
8. The following **conduct** (including but not limited to) *will not* be tolerated and may be subject

to disciplinary action: Negative attitude; lack of cooperation; chewing gum while in session; talking back; horse playing; profanity; loud talking; rude, disruptive behavior; changing groups without permission; excessive talking; use of alcohol, tobacco, or drugs; possession of weapons; defacing property; cheating; lying; stealing; fighting; bullying; disrespect; and harassment.

9. Disciplinary Action for Misconduct:

- First Offense – parent/guardian contact
- Second Offense – behavior awareness conference
- Third Offense – written letter of apology and plan for correcting behavior
- Fourth Offense - unable to participate in the next off-site visit
- Subsequent Offense - face-to-face meeting with parent/guardian
- Persistent misconduct will result in suspension/expulsion from the program

10. Academic Action Plan is for participants who receive a grade lower than a ‘C’ in any academic subject:

- **Action 1** - Tutoring will be offered for participants until the next grading period.
- **Action 2** - If need remains, tutoring will be provided during the regular session.
- **Action 3** - If participant is not successful with Actions #1 and #2, participant will not be invited to participate in the next off-site visit.

➤ Appeals for any actions taken by the committee will be handled through the executive committee (First VP, committee chair, and committee co-chair). Any committee member may submit recommendations. Parents/Guardians may request an executive decision for not meeting the prescribed rules in this “Code of Conduct”.

**Circumstances above are subject to an administrative decision by the committee.*

11. Parental Participation:

- Parents/Guardians are encouraged to participate and support the overall success of the program;
- Parents/Guardians may volunteer to be chaperones after ***completing application and mandatory background check***. If you volunteer to be a chaperone, but are unable to fulfill your commitment, please inform the committee chair or co-chair so that new chaperones can be secured.
- Parents/Guardians may volunteer in any areas of the math, science, and technology.
- Parents/Guardians may make recommendations/suggestions (i.e. speakers, etc.)
- Parents/Guardians may volunteer to assist in the following areas (including but not limited to): transportation, refreshments, and educational session assistance.

12. Awards:

- Parent Award - voted on by the committee based on contributions, involvement, participation, and support to the program
- Partnership Award - for organizations that contribute to the success of the program.
- Committee Member of the Year - voted on by the participants
- Participant Award - A membership certificate and gift will be given to each

- participant in good standing.
- Best All Around - Recognition of one participant in good standing in each grade level.
 - Turn-around Award - Recognize one participant in each grade level
 - Delta Academy Curriculum Award - given by the curriculum facilitator to one participant based on participant's overall contributions and involvement in a specific area:
 - Scholarship Award – overall most improved in science and math
 - Sisterhood Award - overall most sisterly, positive, and helpful
 - Service Award - participation and involvement in all community involved projects

***Only participants in good standing are eligible to be recognized for an award at the End of the Year Ceremony.*

****Participants are reminded that they are representing the members of the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. Their actions and attitudes must reflect good character and honor.*

Please sign and detach

Code of Conduct Acknowledgement Form

I, _____, and I, _____,
 (Printed Name of Parent/Guardian) (Printed Name of Delta Academy Participant)
 have read and understand the "Code of Conduct" for Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter of Delta Academy and agree to abide by the terms therein.

 Parent/Guardian Signature

 Date

 Delta Academy Participant Signature

 Date

Dr. Betty Shabazz Delta Academy
Delta Sigma Theta Sorority, Incorporated
Tampa Alumnae Chapter

Application

Participant Personal Information

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Email _____

School _____ Grade _____

Favorite school subject(s) _____

Worse school subject(s) _____

After School/Community/Religious Involvement _____

I would like to pursue a career in _____

Hobbies/Interest _____

Medical Conditions/Allergies (food & drug) _____

T-shirt size (Adult sizes): ___XS ___S ___M ___LG ___XLG ___2XL

Parent/Guardian Information

Mother's Name _____ Work # _____ Cell # _____ Email _____	Father's Name _____ Work # _____ Cell # _____ Email _____
Guardian's Name _____ Work # _____ Cell # _____ Email _____	Emergency Contact _____ Relationship _____ Home # _____ Work # _____ Cell # _____

I grant permission for my child to participate in the Dr. Betty Shabazz Delta Academy program of the Tampa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian

Completed application packet along with a copy of the last report card must be postmarked by **September 30, 2011** or bring to the **Participant/Parent Orientation** meeting on **October 1, 2011**, University of Tampa – Brevard Hall @ 9:00am - Noon Mail to:

Dr. Betty Shabazz Delta Academy
Attn: Ciarra Joyner
P.O. Box 360091
Tampa, FL 33673

Application packet is also available on our website at: <http://www.dstta.com/>

Dr. Betty Shabazz Delta Academy

**Sponsored by
Delta Sigma Theta Sorority, Incorporated
Tampa Alumnae Chapter**

Medical/Hold Harmless Statement

I hereby authorize the Delta Academy representative of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter, entrusted with the care of my child, to seek and facilitate any medical care and treatment that may become necessary while in the care of the designated representative. I further authorize the provision of any necessary emergency medical treatment by qualified health care providers and health care facilities.

I hereby authorize the use of the following insurance information in order to facilitate emergency medical treatment for my child while she is in the care of the Delta Academy representative of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter.

Printed Full Name of Delta Academy Participant _____

Physician Name _____ Phone # _____

Dentist Name _____ Phone # _____

Preferred Hospital _____

Insurance Company _____ Phone # _____

Policy Owner _____ Policy # _____

Printed Name of Parent/Guardian Relationship to Participant

Signature of Parent/Guardian Date

By signing this form, I hereby hold harmless and release the organization and members of Delta Sigma Theta Sorority, Incorporated, Tampa Alumnae Chapter along with volunteers of Delta Academy from any and all responsibility for injuries suffered by my child while participating in the Delta Academy program and from any expenses related to the treatment received by a medical provider, including transportation to any medical facility.

Dr. Betty Shabazz Delta Academy

Delta Sigma Theta Sorority, Incorporated
Tampa Alumnae Chapter

Photography/Videotaping Release Form

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for _____ 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 _____ Youth Initiative Program on _____ (date of the event), 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 _____ 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

Contract

1. I will show respect to everyone.
2. I will not tease, bully, or laugh at anyone and persuade others not to do so.
3. I will respect everyone's privacy and not pry into anyone's business.
4. I will not be afraid to ask questions or for help.
5. I will maintain confidentiality. What happens and what is said within the group will stay within the group.
6. I will be open and honest. I will not falsely accuse anyone or lie about anything.
7. I will remember no one is perfect and everyone makes mistakes from time to time.
8. I will show up on time and ready to work at group meetings and activities.
9. I will have an open mind and positive attitude. I will encourage others to do the same.
10. I will attend meetings prepared and complete all homework assignments.
11. I will listen to others without judging them. I will remember everyone is entitled to his or her opinion.
12. I will be a friend to those who appear to have no friends and never leave anyone out of the group.
13. I will be quick to apologize and slow to take offense or become angry.
14. I will be encouraging to others. If I can't say anything positive I will exercise my right to be quiet.
15. I will be the best me I can be and remember that I am an original. I will not be a copy of someone else.
16. I will learn all I can from those older than myself and teach all I know to those younger than myself.
17. I will follow directions the first time I am instructed.

Delta Academy Participant Signature

Date

Printed Name of Delta Academy Participant