



UNCOMPROMISING COMMITMENT TO COMMUNITIES:

SERVICE, LEADERSHIP, EMPOWERMENT

Delta Sigma Theta Sorority, Incorporated  
Berkeley Bay Area Alumnae Chapter

## 2023 - 2024 YOUTH INITIATIVE PROGRAMS



**Dr. Betty Shabazz Delta Academy** was created out of an urgent sense that bold action was needed to save our **African-American females aged 11 to 14** from the perils of academic failure, low self-esteem, and crippled futures. The curriculum focuses on social and emotional development, physiological transitioning and exposure to global ideas and learning opportunities.

**Dr. Jeanne L. Noble Delta GEMS Institute** targets **African-American females between the ages of 14 and 18** who, given structured guidance, experiences and support, have the potential to achieve success. Through the GEMS experience, the participants will hopefully develop into compassionate, community-minded, successful young women.



**The EMBODI (Empowering Males to Build Opportunities for Developing Independence)** program is designed to refocus the efforts of Delta Sigma Theta Sorority, Inc., with the support and action of other major organizations, on the plight of **African-American males aged 13 to 17**. EMBODI addresses issues related to STEM education, culture, self-efficacy, leadership, physical and mental health, healthy lifestyles choices, character, ethics, relationships, college readiness, fiscal management, civic engagement and service learning.

For more information, please contact  
Committee Chair Tyesha Maryland-Battiste at [youthinitiatives@bbaacsisters.org](mailto:youthinitiatives@bbaacsisters.org)

# BBAAC Youth Initiative Programs

## PARTICIPANT APPLICATION

**Please check the box next to the Program you are applying for:**

Delta Academy (Girls 11-14)     Delta GEMS (Girls 14-18)     EMBODI (Boys 13-17)

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle  
ADDRESS \_\_\_\_\_  
Street City Zip  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
NAME OF PARENT/GUARDIAN \_\_\_\_\_  
PARENT'S CONTACT NUMBER \_\_\_\_\_

### SCHOOL INFORMATION

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
NAME OF PRINCIPAL \_\_\_\_\_ PHONE \_\_\_\_\_  
FAVORITE SUBJECT \_\_\_\_\_  
LEAST FAVORITE SUBJECT AND WHY \_\_\_\_\_  
ARE YOU ELIGIBLE FOR FREE OR REDUCED LUNCH?     YES     NO

EXTRACURRICULAR ACTIVITIES (INCLUDE CHURCH/COMMUNITY): \_\_\_\_\_

### CAREER GOALS

DO YOU PLAN TO ATTEND COLLEGE     YES     NO  
COLLEGE(S) OF INTEREST \_\_\_\_\_  
MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_  
WOULD YOU BE INTERESTED IN A COLLEGE TOUR     YES     NO  
IF NO, CAREER PLANS AFTER HIGH SCHOOL \_\_\_\_\_

### **IF ACCEPTED INTO THE YOUTH INITIATIVE PROGRAM, I AGREE TO:**

- Make the necessary commitment to attend and participate in each scheduled session/activity;
- Participate fully in all activities;
- Always carry myself in a manner which reflects positively on the Berkeley Bay Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTAL AFFIRMATION**

I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the Berkeley Bay Area Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (hereinafter "BBAAC") that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the BBAAC Youth Initiative Programs (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 "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 BBAAC Youth Initiative Programs.

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: \_\_\_\_\_