

West Palm Beach Alumnae Chapter Delta Sigma Theta Sorority, Inc. EMBODI Youth Program



Empowering Males to Build Opportunities for Developing Independence

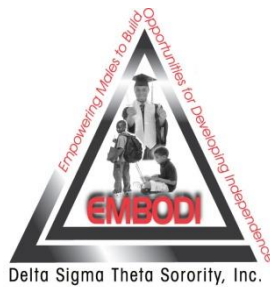
Helping our young men to become responsible young adults



A program for African American Males ages 12-18



West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



Dear prospective EMBODI participant and parent,

The West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is preparing for the tenth year for our EMBODI youth program. We pride ourselves on ‘public service’ with our youth. In this community we fervently believe in the African proverb “It take a village to raise a child.” We invite your son to apply for participation in this program. We also want to impress the importance of parental involvement and encourage parents to also participate. We are excited and eager to sponsor this program for young men ages 12-18. Many empowering, interactive, and exciting activities have been planned for this year. Due to unprecedented times, meetings are virtual until further notice.

Please make sure all portions of the application are completed and return by email at embodiwpbdst@gmail.com prior to EMBODI zoom meeting scheduled for September _____ at 6:30 p.m. A detailed calendar with zoom meeting dates will be distributed at our first meeting which will be held on **TUESDAY**. If you have questions and/or concerns, you may e-mail the chairperson at embodichair@wpbdst.org. If you prefer to mail, address is below.

**West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 2212
West Palm Beach, FL 33402
Attn: Tonya Graham, EMBODI Chairperson**

We look forward to working with your son and are elated to welcome you as a member of our ‘village’ for positive empowerment of our young African American males.

Sincerely,

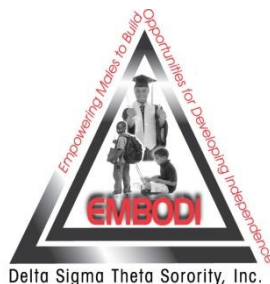
Sharon Wood

Sharon Wood, President
West Palm Beach Alumnae Chapter

Tonya Graham

Tonya Graham, Chairperson
EMBODI Youth Program

West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



EMBODI OVERVIEW

EMBODI (Empowering Males to Build Opportunities for Developing Independence) is a National initiative under the Educational Development Thrust of Delta Sigma Theta Sorority, Inc. The program is designed to refocus Delta's efforts to strengthen their outreach youth programs and to collaborate with other organizations to address the plight of African American males. The program provides an opportunity for the youth to begin a pattern of positive change that will influence their thoughts and actions. The EMBODI program advocates for the respect of others, property, time and fairness.

EMBODI: CURRICULUM FRAMEWORK

The curriculum will focus on Academic Enrichment, Personal Development and Wellness, Career Development, Cultural Development and Family Involvement. The curriculum incorporates activities and guidelines for all of the components. Conflict resolution and social skills activities assist the participants in resolving their problems appropriately and improving their overall quality of life. Families are encouraged to participate in bonding activities. Career preparation and exploration will be conducted, and the cultural and recreational enrichment component will be implemented through interaction, team and individual gatherings, group sharing and cultural immersion.

EMBODI will focus on addressing the three levels of risk factors. The risk factor levels of development are as follows; individual level, family level and the community level. The suggested strategies to be utilized are multi-directional and resiliency focused. In developing the EMBODI program, chapters will seek to achieve the following goals:

EMBODI will focus on learning experiences for improved academic performance through self-efficacy and experiential learning.

EMBODI will provide access and application of diverse learning opportunities through cultural and community support.

EMBODI will reduce negative responses to conflict through restorative justice and resolutions.

EMBODI will participate in community service activities through outreach.

EMBODI will create opportunities to develop a higher level of self-confidence and resiliency.

EMBODI will provide activities to increase community involvement, family bonding and interaction.

EMBODI will seek to provide recreational activities that will develop positive social skills and improved teamwork effort.

EMBODI will provide opportunities for cohesion for by involvement of families in structured activities in safe community environments.

EMBODI will provide opportunities for interaction with community professionals and positive male role.

EMBODI will provide career exposure.

QUICK REFERENCE - SIGNATURES REQUIRED

- **Page 5-6** **Application**
- **Page 7** **Parental Affirmation; Waiver and Release**
- **Page 8-9** **Emergency Contact Information**
- **Pages 12-14** **Virtual Meeting/Event Participant Agreement**

West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

EMBODI APPLICATION



Name _____ Grade _____ Age _____

Home Address _____

School _____

Home phone _____ Cellular Phone _____

E-Mail _____

Parent/Guardian _____

Clubs/Organizations _____

Hobbies/Interests _____

Future Goal _____

Race (Please check): African American/Black Asian Hispanic

Caucasian/White Native American

If you have the opportunity to select an issue/s that you would like to have an open discussion about what issue/s would you select? _____

Are you involved in any extracurricular or sports activities? Yes No

If yes, when will you be available to participate in the monthly EMBODI activities? _____ (approximate date) *The monthly EMBODI meetings are held the 2nd Tuesday in each month.

What do you hope to gain from the EMBODI program? _____

Participants' Signature

Parent/Guardian Signature

PARENTAL/GUARDIAN AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the West Palm Beach 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 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 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: _____

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 _____

CONFIDENTIALITY POLICY

It is the policy of the West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, the West Palm Beach 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 West Palm Beach 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; 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 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 the West Palm Beach 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 the West Palm Beach 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.

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 West Palm Beach 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.

**APPENDIX A YOUTH INITIATIVE VIRTUAL MEETING/EVENT
PARTICIPATION AGREEMENT¹**

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for Delta Sigma Theta Sorority, Inc. (“the Sorority”) and the West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”, together with the Sorority, “Delta”) to host and facilitate closed virtual meetings/events using Zoom (“the Virtual Meeting Platform”), that my/our child will attend during participation in EMBODI Youth Initiative Program activities, without payment or any consideration and without notifying me in advance and hereby acknowledge, understand, and agree to the terms enumerated below, including the terms set forth on any Schedules attached hereto and incorporated by reference (the "Participation Agreement").

I/We also understand that the Virtual Meeting Platform may collect information about its users and has its own privacy terms and conditions to which users must adhere. I/We will be responsible for reviewing the virtual meeting platform’s privacy terms and conditions before registering for virtual meetings/events.

I/We also understand that my/our child will need the following to participate in a virtual meeting platform.

- A computer, mobile, or tablet device with access to the Internet
- A quiet space in which participants can participate in the virtual meeting/event under the supervision of an adult
- Registration for the virtual meeting/event platform and provide some customer data (including but not limited to an email address, first and last name, etc.)

I/We also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any of its officers and members; and the Sorority and any of its officers; National Executive Board; employees; members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity, should there a breach of security of the Virtual Meeting Platform and any subsequent injury, malice, or harm that might occur as a result, and waive and release any and all rights with respect to the same.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and the Sorority; 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 Virtual Meeting Platform as a venue for meetings or events. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or

¹ **Please distribute all pages of the Participation Agreement INCLUDING Schedules 1 & 2 to Participants for review and signature.**

optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images and content of the virtual meeting/event, 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 _____, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing behalf of my/our child.

I/We have fully read and understand the *Code of Conduct* (attached hereto as **Schedule 1**). I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I further acknowledge, understand, and agree that the sanctions for violating the *Code of Conduct* are reasonable and should my child be non-complaint, they will be subject to the prescribed disciplinary action.

I/We also give permission for the Chapter and the Sorority to highlight my/our child's achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images ("Images") taken of my/our child or provided by my/our child during Meetings/Events participation in the EMBODI Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as **Schedules 2**).

Participant Acknowledgement (Student Participant)

With my parent/guardian, I have fully read and understand the Participation Agreement. I acknowledge that should I fail to abide to the *Code of Conduct* that my actions will be subject disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Participant Signature

Date

Participant Print Name

Parent/Guardian Acknowledgment

I have fully read and understand the *Participation Agreement*. I also understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name

APPENDIX A – SCHEDULE 1 YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta’s Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participation agreement indicates your complete understanding and agreement to comply with this Code of Conduct.

Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta’s Virtual Youth Initiative Programs. As a youth participant in Delta’s Virtual Youth Initiative Programs you are expected to:

- **Refrain from use of any profane, foul, hurtful, obscene or vulgar language** in any virtual chatroom and during the virtual meetings and events;
- **Refrain from engaging in any violence, cyber-bullying², or other aggressive behaviors** that may threaten the welfare of other participants;
- **Refrain from any disruptive behavior that may disrupt the virtual meetings and events;**
- **Be properly groomed and dressed for all virtual youth initiative meetings and events**, refrain from wearing articles of clothing that displays profane or obscene language and/or images;
- **Keep your camera on at all times during all virtual youth initiative meetings and events;**
- **Provide a noise-free environment while participating in any and all virtual youth initiative meetings and events;**
- **Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings;**
- **Refrain from taking, presenting, and posting any and all inappropriate content** including photographs, screen shots, video recordings, and/or screen recordings of any other youth participants of Delta’s youth initiative programs;
- **Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.**

SANCTIONS FOR VIOLATING CODE OF CONDUCT

4. **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-week suspension from program
- *Next occurrence youth is removed from the program.*

5. **Physical Violence and Other Misconduct:**

- 1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*
- *Next occurrence youth is removed from the program.*

6. **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.

² Cyber-bullying is defined in Delta’s *Technology Guidelines* as identified in Footnote 1.