



## *Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.*



**“Empowering Males to Build Opportunities for Developing Independence”**

### **“The State of the Black Male”**

Greetings Potential EMBODI Participants,

This letter is to invite you to participate in an exciting mentoring program for the **2013- 2014** school year. The Women of the Orlando Alumnae Chapter of Delta Sigma Theta, Inc. are opening our arms and hearts to welcome young men who are interested in joining the ***EMBODI (Empowering Males to Build Opportunities for Developing Independence) Program.***

***EMBODI*** is a mentorship program that is designed to address educational, social and emotional obstacles young men of color may experience. It brings together young men, between the ages of **(13 - 18)** years old and in grades **(8 – 12)**, with positive men and women who will serve as mentors for the younger men. Programs activities and events will focus on, but are not limited to, cultural/academic enrichment, building self-confidence, conflict-resolution strategies and any other issues impacting our youth.

Applications must be postmarked **no later than Saturday, June 29, 2013**. Please be sure to complete **ALL** of the forms enclosed in this packet. Failure to submit all parts of the application will exclude you from consideration.

Please return all applications to:

Attn: EMBODI – Orlando Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
PO Box 555238  
Orlando, FL 32855

If you have questions or concerns, please feel free to contact:

**Gail Pressley**  
Chair, 2013-2014  
(407) 506-9491

OR

EMAIL: [youthgroups@oacdst.org](mailto:youthgroups@oacdst.org)

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program.

Sincerely,

*Natalie Littles*

Natalie Littles, Chapter President

*Kha McPherson*

Kha McPherson, PP& D Chair

## EMBODI Program Information

Delta Sigma Theta Sorority, Inc. is a non-profit nationwide organization, whose purpose is to provide service and programs to promote human welfare. ***Empowering Males to Build Opportunities for Developing Independence (EMBODI)*** is the signature program of Delta Sigma Theta Sorority, Inc.'s 24th National President, Cynthia M.A. Butler-McIntyre. ***EMBODI*** is 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 provides a continuum of services and addresses the specific needs of African-American male high school students (ages 14-18) and middle school students (ages 13-14).

Both informal and empirical data suggests that African American males continue to be in crisis and are not successful educationally, socially, and emotionally. ***EMBODI*** is designed to address these issues through dialogue, recommended strategies, programs and activities.

### **The goals of EMBODI are:**

- To expand the horizons of young African American males by cultivating a personal vision for their lives;
- To provide tools for young African American males to attain a higher quality of life;
- To provide young African American males with an awareness of various college and career options to make rewarding life choices and decisions; and
- To create community-minded young African American males by actively involving them in service learning and community service opportunities.

The **EMBODI** Program serves as a motivational tool for African American teenage males with the ultimate goal of increasing their knowledge and awareness of issues affecting young men today.

The mission of the **EMBODI Committee** is to provide young males with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. This, in turn, will provide them with the opportunity to develop emotionally, socially, and intellectually and be prepared to take an active role in their success as they face the challenges of the world.

## **EMBODI Participation**

### **Criteria for Participation:**

Enrollment into the **EMBODI** Program is held once a year. The following criteria will be used to determine eligibility:

- Entering or attending middle school (grade 8) or high school (grades 9-12) in the fall of 2013
- Must have a Grade Point Average of 2.5 or better
- Submit a completed application with a picture
- Submit one (1) letter of recommendation from one of the following:
  - Teacher or Guidance Counselor
  - Employer
  - Minister
  - A Sponsor /Advisor of any affiliation/organization
  - A member of a Greek sorority or fraternity
- Submit an official copy of 4<sup>th</sup> Quarter Final Report Card with Final GPA
- Participate in the interview process, if necessary
- Submit with Parental Signature the “Agreement to Participate”
- Submit with Parental Signature the “Code of Conduct”

If accepted for participation, you **must** attend the Student/Parent orientation.

### **Activities:**

The following are potential activities to the organization’s participation:

- Teen Summits
- Presentations and Seminars
- Volunteer Ushers
- Black History Month Observance
- Community Service
- Academic Testing Workshops, Updates, and Study Sessions
- Annual Christmas Party, Parent Appreciation, Field Trips, and
- End of Year Banquet/Awards Program/Rites of Passage

### **Code of Conduct:**

Participation in **EMBODI** organization requires a strong level of commitment and responsibility. All members are to adhere to a “Code of Conduct,” which consists of policies and procedures that governs the organization. The “Code of Conduct” addresses in detail: officers, attendance, participation, academic and disciplinary guidelines, voting, prerequisites for awards and recognition, etc. The “Code of Conduct” will be provided to every member of the program.

## EMBODI Important Dates and Deadlines

### Selection Process:

- All interested candidates should fill-out and submit an EMBODI Application via direct mail by Saturday, **June 29, 2013**.

**Attn: EMBODI – Orlando Alumnae Chapter**  
**Delta Sigma Theta Sorority, Inc.**  
**PO Box 555238**  
**Orlando, FL 32855**

- A completed application and recommendation letters **MUST** be returned at the time the packet is submitted or you will not be considered for participation.
- If needed, interviews will be scheduled as timely as possible upon receipt of the application. Those candidates selected for interviews will be notified at least **two weeks prior** to their scheduled time. Each interview will take approximately 10 minutes.
- If you have any questions, please contact the current **EMBODI Chair: Ms. Gail Pressley** at (407) 506-9491. You may also send an email: [youthgroups@oacdst.org](mailto:youthgroups@oacdst.org).

### If selected for participation:

All **MUST** participate in the **Student/Parent Orientation** scheduled **Time and Location- TBA**. Participants, please be prepared to **wear professional business attire** and have at least one parent, guardian or family member present to receive information and fill-out any additional paperwork.

If selected to become a member of the **EMBODI** Program sponsored by Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., I understand and agree to the following guidelines and expectations:

1. Participation in the Student/Parent Orientation and Ceremony is mandatory.
2. Involvement and participation in all **EMBODI** activities are governed under the auspices of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc., **EMBODI** Code of Conduct, Officers, and Committee Chairpersons.
3. Participation is strictly voluntary and requires a strong level of commitment.
4. Members in good standing may continue participation until high school graduation.
5. Attendance at all regularly scheduled meetings (*currently the second Sunday of every month starting in September from 3:00 p.m. - 6:00 p.m., occasional midweek workshops from 6:30 p.m.—8:30 p.m. and Saturdays from 10:00 a.m. - 2:00 p.m.*) and other planned activities are expected.
6. A 2.5 or better grade point average will be required and maintained. Note: All applicants must improve their GPA by 0.5 points by the end of the school year to be invited to return to the program for the **2014-2015** school year.
7. Appropriate behavior becoming of a gentleman should be exemplified at all times.

**PLEASE KEEP THIS AND THE PRECEDING PAGES FOR YOUR OWN INFORMATION.**



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## SECTION 2: APPLICANT QUESTIONS

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What are your favorite and least favorite subjects? Explain why.

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Describe your strengths and areas for development.

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What are your future goals after graduation?

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List all extracurricular or after-school activities

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Do you have any hobbies and/or interests? If so, describe.

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Why do you want to be a participant in EMBODI?

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**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION 2: APPLICANT QUESTIONS (cont'd)**

List and describe your involvement in non-school related activities and community service. i.e. church, public service, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief overview of any special awards received for academics, philanthropic, athletic and/or achievements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything that would prevent you from fully participating in EMBODI Activities?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Y \_\_\_\_\_ N \_\_\_\_\_

If so, where? \_\_\_\_\_

How many hours do you work per week?  
\_\_\_\_\_

If no, do you plan to work? Y \_\_\_\_\_ N \_\_\_\_\_

**Please place a check by each topic that may be of interest to you:**

- |  |                                     |
|--|-------------------------------------|
| _____ College Prep                     | _____ Social Etiquette              |
| _____ Personal Hygiene & Grooming      | _____ Healthy Relationships         |
| _____ Technology                       | _____ Career Development            |
| _____ Financial Awareness              | _____ Home Economics                |
| _____ Health Issues                    | _____ Peer Pressure/Bullying        |
| _____ Diseases Affecting Youth         | _____ Substance Abuse Prevention    |
| _____ African-American Culture/History | _____ Other (educational or social) |

Please specify: \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_



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**SECTION 3: TRANSPORTATION INFORMATION**

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How will your child travel to and from **EMBODI** meetings and activities?

*(Please Note: Delta Sigma Theta Sorority, Inc. Orlando Alumnae Chapter does not provide transportation and is not responsible for your child's travel to or from the EMBODI program.)*

\_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_ Public Transportation \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Do you have any additional persons *(other than parent/guardians & emergency contacts listed in this form)* who you approve to transport your child? If yes, please list *(this may include a sibling, grandparent, family friend, etc.)*:

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

4) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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**SECTION 4: EMERGENCY CONTACT INFORMATION**

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**(Two contacts MUST be provided)**

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



## SECTION 5: APPLICANT HEALTH INFORMATION

### To the parent/guardian:

The health of the student is primarily the responsibility of her parent(s) or guardian(s). The Orlando Alumnae Chapter strongly recommends annual health examinations, dental check-ups and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as much as possible, that the participants are physically able to take part in youth group activities.

Student Name: _____ DOB: _____ Age: _____ Address: _____ City/State: _____ Zip Code: _____ Parent/Guardian Full Name: _____ Phone Number: _____
Family Physician Name: _____ Phone Number: _____ Family Medical Insurance Carrier: _____ Policy/Group Number: _____
<b>Part 1: Pre-Existing Conditions, Illnesses and Injuries</b> Please list ANY chronic or recurring medical conditions or illnesses: _____ _____ _____
<b>Part 2: Allergies</b> <i>(Check all that apply and specify nature of any allergic reactions)</i> Animals ___ Hay Fever ___ Pollen ___ Insect Stings ___ Plants ___ Food ___ Drugs ___ Please Specify here: _____
<b>Part 3: Immunizations</b> Are all of the child's immunizations up to date? Yes _____ No _____ <i>(If not, please explain in Part 5)</i> Date of last: DPT: _____ Tetanus: _____
<b>Part 4: Other Health Conditions</b> <i>(Check all that apply)</i> Bed Wetting ___ Emotional Disturbances ___ Fainting ___ Constipation ___ Hearing Impairment ___ Sleep Disorders ___ Nosebleeds ___ Dental Appliances ___ Wears glasses/contacts ___ Motion Sickness ___ Special Dietary Needs _____ Sickle Cell Trait or Disease _____ Other (specify) _____
<b>Part 5: Notes</b> <i>(Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)</i>   
<b>Part 6: Medication Directions</b> <i>(Please give detailed directions for any medications to be given to your child. Include dosage and times.)</i>   
I know of no reason(s) other than the information on this form, why my son should not participate in academy activities. <b>Parent/Guardian Signature:</b> _____

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**SECTION 5: APPLICANT HEALTH INFORMATION (cont'd)**

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**PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT**

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of the Orlando Alumnae Chapter to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Student's Name: \_\_\_\_\_

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

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

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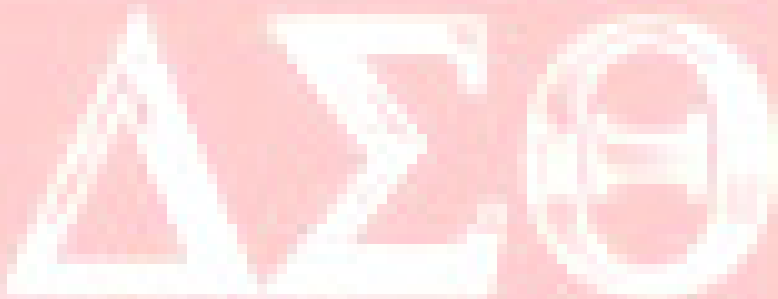
**SECTION 6: APPLICANT ESSAY**

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Answer the following essay in clearly written form below or typed format on a separate sheet and attach to the application. Your response should be 250 to 500 words in length.

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

**In your opinion, what is a significant issue or development, either positive or negative that is affecting your generation? How will your participation in a program such as EMBODI enable *you* to confront or contribute to this issue or development?**



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## SECTION 7: CONSENT FORMS

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### **STUDENT/PARENT AGREEMENT TO PARTICIPATE**

We have read and agree with all the information provided for the Delta Academy Program sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If (our/my) child is selected for participation into the Delta Academy Program, please accept (our/my) signature(s) as (our/my) consent to have him participate. You may count on (us/me) for support and assistance whenever appropriate.

Student PRINTED Name: \_\_\_\_\_

Student SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **PARENT/GUARDIAN STATEMENT OF CONSENT**

I voluntarily give my son (the student whose name is listed above) permission to participate in the EMBODI program. I am authorized to give permission for the student to participate in the program. My child's participation in the EMBODI program is completely voluntary. EMBODI is committed to providing the best possible climate for maximum development and achievement of goals for all student participants. Delta Sigma Theta Sorority, Inc. Orlando Alumnae Chapter and its related entities will make every effort to protect the welfare of the EMBODI participants; however, the program committee members are not responsible for ensuring the physical, mental, social and medical health of program participants. As a parent/guardian, I am responsible for the welfare of my child. The EMBODI committee may suspend a student's participation if their behavior does not reflect the spirit of the program.

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **CONSENT TO PHOTOGRAPH**

I voluntarily give permission for my son (the student whose name is listed above), to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the EMBODI/Orlando Alumnae Chapter may utilize and produce. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the EMBODI/Orlando Alumnae Chapter and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the EMBODI/Orlando Alumnae Chapter for potential future use. I agree to release the EMBODI/Orlando Alumnae Chapter from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 7: CONSENT FORMS (cont'd)

**Workshop Permission**

I grant permission of my son, \_\_\_\_\_, to participate in the workshops presented to the participants of the EMBODI Program sponsored by the Orlando Alumnae Chapter. I understand that most of the workshops are listed in the EMBODI/Orlando Alumnae Chapter yearly calendar.

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any objectionable topics, please list them and sign below:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Field Trip Permission**

As the parent/guardian of \_\_\_\_\_, I hereby give consent for him to attend field trips with EMBODI Program sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

My son and I understand that he is to comply with all rules and regulations established by all representatives of Delta Sigma Theta Sorority, Inc.

I understand that precautions will be taken to ensure my son's safety. I, therefore, will not hold the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my son.

Field trips are subject to change, and notification is at the discretion of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date: July 1, 2013  
Expiration Date: June 30, 2014

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**SECTION 8: EMBODI CODE OF CONDUCT STATEMENT**

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I will cooperate with all adults in charge. I will be sensitive to the needs of the each participant.

I will respect the people and places with which I come in contact.

I will adhere to the EMBODI dress code.

I will participate in required activities & discussions, be on time for all scheduled activities, and be open to new ideas. In the event I must miss an event, I will contact a member of the EMBODI Committee at least 24 hours ahead of the activity.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will remember that I am a member of a program sponsored by the women of Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations described in this code of conduct and gentlemen like etiquette.

I will be responsible for all my personal belongings.

I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent's responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent's responsibility.

I understand that more than (2) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I understand that my attitude and behavior are central to the success of this activity sponsored by the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Therefore, for the good of this activity, as well as for myself and my fellow group members, I agree to abide by the statements above:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent/guardian, I understand and agree with the above responsibilities fully accepted by my son. Should it be necessary, I will provide transportation for my son regardless of the time or day or night. I will not hold Orlando Alumnae Chapter or its members responsible if my son is sent home early due to misconduct.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**THE CONTRACT (The First Meeting)**

**OAC EMBODI**

I will respect everyone else’s privacy.

There is to be no teasing or prying.

Each individual has the right to decide whether to share private thoughts during EMBODI meetings or discussions.

Anybody who wants to simply sit and listen may do so, with the understanding that participation is beneficial but voluntary.

I will show everyone respect.

There will be no teasing or scolding. The idea is for the whole group to arrive at its goals, but each individual will progress at a different rate.

I will uphold the family confidentiality.

There will be no telling.

What happens and what is said within the group stays within the group. Group members should feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the group will find out things they’d rather keep private.

I will trust my group members.

There will be no blaming and no lying.

I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time.

I will show up on time for group meetings and activities.

I will complete all my homework assignments.

I will listen to others without interrupting.

I will be positive and try to encourage everyone in my group.

If you agree to all of the above, sign below.

Student name (PRINT) \_\_\_\_\_

\_\_\_\_\_  
Student name (SIGNATURE)

\_\_\_\_\_  
Date