



EMBODI: Empowering Males to Build Opportunities for Developing Independence

November 1, 2012

Dear Parents, Guardians and Friends:

The North Dallas Suburban Alumnae Chapter of Delta Sigma Theta Sorority, Inc. proudly announces our Empowering Males to Build Opportunities for Developing Independence (EMBODI) Program for the 2012-2013 chapter year. EMBODI is a national program of Delta Sigma Theta Sorority, Inc. targeted at improving the chances of success, self development and social responsibility of our males.

EMBODI is aimed at young African American males ages 13-18. EMBODI was created out of an urgent sense that “bold action is needed to save our young males from the perils of academic failure, low self-esteem, and crippled futures.” Our program will focus on workshops and activities to assist young men to reach their fullest potential educationally, socially and emotionally. With that in mind, we have designed a program built around the following themes: self-esteem, physical health/wellness, technology, leadership, community service, non-traditional careers and much more!

EMBODI will hold its kickoff on Sunday, November 18, 2012 from 4-6pm at Richland College, 12800 Abrams Road in Sabine Hall, Rm. SH118. At the kickoff meeting you will receive more information about the program, have an opportunity to meet the EMBODI Committee Members, meet other youths and parents and ask any questions that you may have. Refreshments will be served.

After the kick-off event, EMBODI will have monthly sessions from December through April at various locations. The enclosed packet contains the forms and information you will need to enroll participant(s). Applications should be returned at the kickoff event, via email to: embodi@dstndsa.org or by mail.

We look forward to an exciting year of working with you and your young men. To confirm attendance at the kickoff event or for questions, please contact Chariessa Payne at 972-571-5150 or by email at embodi@dstndsa.org.

Sincerely,

Jada R. Burton

Chapter President

Chariessa D. Payne

EMBODI Chair



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Program Description

EMBODI is a national program sponsored by Delta Sigma Theta Sorority, Inc., a public service sorority. The purpose of the program is to focus on improving the success, self development and social responsibility of African American males.

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Goals for this year:

- To expand the horizons of young African American males by cultivating a personal vision for their lives.
- To provide tools to attain a higher quality of life.
- To create community-minded individuals by actively involving them in service learning and community service opportunities.

Participant Application Criteria

In order to participate in EMBODI, specific criteria and guidelines must be met by applicants as described below:

- All participants must be African American males. This is a gender specific program.
- All males must be no younger than 13 years old and no older than 18 years old as of their most recent birthday.
- Each participant must complete and submit an application packet including
 - Participant Application Form
 - Permission & Release Form
 - Most recent transcript and/or report card
- Applications may be brought to the kickoff meeting on November 18, 2012. They may also be emailed to embodi@dstnds.org or mailed with a postmark date no later than November 14, 2012.

Participant Profile

EMBODI is designed for young men with one or more of the following characteristics:

- Possesses potential, but limited opportunity to achieve success
- Interested in developing leadership skills
- Interested in video games, computers and technology
- Enjoys learning new things
- Expresses an interest in math, science and technology and/or careers that are considered non-traditional.

Participant Schedule

- Program kickoff date is Sunday, November 18, 2012
- EMBODI participants will have monthly sessions from November 2012 through April 2013, locations may vary.



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Participant Application

Personal Information

Name: _____ Nickname: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

Parent(s) Information

Parent(s)/Legal Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

How did you hear about us?

How did you become aware of the EMBODI Program (check all that apply):

Chapter Website ___ Radio ___

Newspaper ___ Flyer ___ Referral ___ (Name _____)

Academic/Special Interest Information

School: _____ Grade: _____ Age: _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies: _____

List Your Talents (*What you do best, what do you like to do most?*): _____

What do you want to gain from participating in the EMBODI Program? _____

What new subject would you like to learn about? _____



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Permissions & Release Forms

Dear Parent/Guardian,

In order to ensure that we have a problem-free EMBODI Program, including regularly scheduled meetings and learning sessions, field trips, etc. please read and discuss with your child the rules governing participation in the program. Also read and sign the release and medical form. Each child is required to have a form on file in order to participate.

Participant's Name (please print): _____

Emergency Contact Persons (please list two)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

We (I), _____, in consideration of our (my) son's participation in the EMBODI Program or his use of facilities thereof, do hereby, for ourselves (myself) waive, release and discharge any and all claims for damages arising out of our (my) child's participation in such facilities. We (I) understand that we are waiving claims for any property damages or personal injuries which may occur.

Emergency Medical Permission

In order to meet all legal requirements, I hereby authorize the members of Delta Sigma Theta Sorority, Inc., North Dallas Suburban Alumnae Chapter to give consent for my son(s) _____, for any and all emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the members of Delta Sigma Theta Sorority, Inc., North Dallas Suburban Alumnae Chapter, to take my son to the nearest hospital or medical facility. I also understand that I will be responsible for any cost incurred at the medical facility in the event of an emergency.

Please list any medications your child is taking: _____

Please list any illnesses, allergies, medications or physical limitations that we should be aware of:

Photographic and Video Materials Release

I, _____ (Parent/Guardian), give permission for my son, _____, 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 Program 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 Program 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 Program for potential future use. I agree to release the EMBODI Program 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. We (I) understand that no form of compensation will be provided in exchange for use of such material.

Parent(s) Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Participant's Signature: _____ Date: _____



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EMBODI Code of Conduct

As a member (or parent) of EMBODI:

- I will respect everyone's privacy and right to an opinion.
- I will show everyone respect.
- I will listen without interrupting.
- I will not participate in teasing, bullying, or prying.
- I will trust my group members and group leaders.
- 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 actively participate in all sessions and complete all assignments.
- I will be positive and try to encourage everyone in my group.
- I will arrive for each session on time.
- I will not participate in any activities that are illegal or do not meet the standards of the EMBODI Program. Participation in such events will cause dismissal from the program.

Parent:

- I will ensure that my son is dropped off and picked up in a timely manner for each session.
- I will participate in activities where parental support is requested.
- I will support the purposes of the program by encouraging my son to do his very best in all activities and completion of all assignments.

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

Participant's Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Parent(s) Signature: _____ Date: _____

Contact Information :

Delta Sigma Theta Sorority, Inc.
North Dallas Suburban Alumnae
PO Box 830604
Richardson, TX 75083-0604

Phone: 214-452-7835

Email: embodi@dstndsa.org

Website: www.dstndsa.org