



Alpha Phi Alpha Fraternity, Inc.  
 Delta Alpha Lambda Chapter  
**ALPHA ESQUIRES**  
 A Youth Development Program  
 P.O. Box 6441 ▪ Cleveland, Ohio 44101  
 330-203-1906



[www.DAL1947.org](http://www.DAL1947.org)

[www.AlphaESQCLEVELAND.com](http://www.AlphaESQCLEVELAND.com)



Alpha Phi Alpha Fraternity - Delta Alpha Lambda Chapter

**ALPHA**  
 of Cleveland, OH *ESQUIRES*

# Membership Application



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# PROGRAM APPLICATION

**Student Name:**

First	Middle	Last	Date of Birth
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**Address:**

Street	City	State/Zip
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**Contact:**

Home Phone	Cell Phone	Email
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**High/Middle School:**

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

Principal: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/Emergency Contact:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Grade Level:	Current Cumulative Grade Point Average:	Year of intended high school graduation

# PERMISSION SLIP FORM

**PERMISSION FOR ENROLLMENT AND RELEASE FROM LIABILITY**

I (student) attest to the fact I am a young male between the grades of 8-12 and actively enrolled in a middle school or high school program and wish to participate in the Alpha ESQUIRES Program. In addition, I (parent) give my son permission to participate in the Alpha ESQUIRES Program. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for Delta Alpha Lambda Chapter of the Alpha Phi Alpha Fraternity, Inc. allowing me (and my son) to participate in Alpha ESQUIRES Program, I understand and expressly acknowledge that I release the DAL Chapter and its members from all liability for any injury, loss or damage connected in any way whatsoever to my son's participation in the Alpha ESQUIRES Program, whether on or off the premises occupied at the given time. I understand that this release includes any claims based on negligence, action or inaction of the fraternity, its members, officers, directors, and guests. I have read and am voluntarily signing this authorization and release. I have read this form and other program documentation and grant permission for my son, listed above, to participate in all activities provided by the Alpha ESQUIRES Program. I further give permission for me or my son's photograph to be taken for use by the chapter in all fraternal publications and for release to local media outlets.

X \_\_\_\_\_  
 Parent Signature Date

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



# INTEREST SURVEY

What are your post secondary plans?

Community College     Tech. Program     4 – Year College     Workforce     Military

What school subjects do you like most and why?

What school subjects do you like least and why?

How do you think you will benefit from the program?

What are your career and education goals?

How would you rate your:

Classroom behavior?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Bad
Attitude about school?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Bad
Attendance performance?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Bad
Academic performance?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Bad

Have you received 1 or more grades of D or F?  Yes  No

If Yes, how many? \_\_\_\_\_ In which subjects? \_\_\_\_\_

During this current school year

I have been absent:  1-3 days     5 days     6-10 days     over 10 days

Have you ever been suspended from school?  Yes  No

If necessary, would you be able to attend summer school?  Yes  No

Are you willing to do community service projects as part of your coursework after school?  Yes  No

In what other activities are you involved?



## EMPLOYMENT, EDUCATION & MEDIA RELEASE FORM

All program participants, parents/guardians and Alpha ESQUIRES Advisory Committee must complete this form as a prerequisite for program enrollment. Disclosure of information is granted to external agencies providing funding support to programs if requested. The Alpha ESQUIRES Advisory Committee adheres to the Family Education Rights and Privacy Act (FERPA) of 1974, HIPPA, and employment confidentiality laws. By signing this form you authorize the release of information be entrusted to Alpha Phi Alpha – Delta Alpha Lambda Chapter for the purposes stated herein.

I, (student name) \_\_\_\_\_ hereby give consent for the release of my educational and employment records to **Alpha Phi Alpha Fraternity, Inc. Delta Alpha Lambda Chapter**. I am participating in the **Alpha ESQUIRES Youth Development Program**.

**Purpose of Disclosure:**

- Employment Retention
- Assist youth with academic and employment needs
- Gather statistical data for evaluation purposes
- Coordinate program services
- Advertising (Media Release)
- Grant funding to support program

In addition, I consent for the release of any media production related to my voice, picture and/or likeness and reproductions in any form with or without alterations or omissions by Alpha Phi Alpha Fraternity, Inc. and/or their designee, for the purpose of advertising, purpose of trade or for such purposes of a similar nature as it may be deemed necessary and advantageous. **This release is irrevocable.**

**Please initial one:**

I hereby consent \_\_\_\_\_

I hereby do not consent \_\_\_\_\_

**Type of Information Disclosed:** All employment and education data deemed necessary for organizational performance goals, to include, but not limited to:

Employment	Education	Media
<ul style="list-style-type: none"> <li>• Name and address of employer</li> <li>• Job title</li> <li>• Start date</li> <li>• Hourly wage and hours per week</li> <li>• Supervisor's name</li> <li>• Benefits</li> <li>• Employer provided training</li> <li>• Retention Status</li> <li>• Performance Information</li> </ul>	<ul style="list-style-type: none"> <li>• Name and address of current school</li> <li>• Effective date of current enrollment</li> <li>• Full-time or part-time status</li> <li>• Number of credit hours</li> <li>• Attendance, Behavioral information</li> <li>• Parent/Guardian Contact Information</li> <li>• School transcripts, grade reports, OGT, IEP</li> <li>• Student Identification Number</li> <li>• Ethnic background/race</li> <li>• Email address, social security number</li> <li>• Adjudication/ATOD (as required)</li> </ul>	<ul style="list-style-type: none"> <li>• Video</li> <li>• Picture</li> <li>• Likeness</li> <li>• Video</li> <li>• Quotes</li> <li>• Name</li> </ul>

**Period of Disclosure:** Minimum one year and maximum for the duration of program enrollment or until high school graduation.

This Authorization expires on (date) \_\_\_\_\_ and is subject to written revocation (release of education and employment records only) at any time except to the extent the agency or person who is to make disclosure has acted in reliance on it.

Print Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_

Print Student Name \_\_\_\_\_

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

Date \_\_\_\_\_

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C. F. R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)



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# AUTHORIZATION...

For those items to each section that you (parent/guardian) authorize, please insert applicants name and parent initials in the shaded area.

## TO ADMINISTER/DISPENSE MEDICATION

As Parent/Guardian of \_\_\_\_\_, I give permission for the mentors and adult supervisors of the Alpha ESQUIRES to administer medication to my child. This means they can help my son take his medication by providing water, handing to him an individual dose, or measuring a dose of liquid medication. The adult staff will not place a pill or liquid into my child's mouth or force him to swallow medication. I agree to send medication with my son in original labeled packets or bottles, indicating the dosage, times of administration, and dietary precautions. A physician's order must be provided prior to any member of the fraternity administering any medication. All medication must be held in the original, labeled containers, and kept on the person of the child, or if requested with an authorized adult staff for safekeeping. If so indicated, my child may self-medicate (i.e. asthma inhaler, OTC medicines of cold/flu, diabetics) with prior/appropriate notice in writing to school office from parent with a physician's order (if applicable).

My permission is valid for the duration of my child's/ward's enrollment in the Alpha ESQUIRES program. I may revoke permission as expressed in this release, in writing, at any time. This document must be signed by all parents/guardians whose child requires medication at any time during their involvement with the program.

\_\_\_\_ My child (or I) may self-medicate. See attached documentation.  
 (Parent Initial)

\_\_\_\_ My child (or I) does not require such services at this time.  
 (Parent Initial)



\_\_\_\_\_  
 Parent/Guardian initial authorizing medication choice above

## FOR COMMUNITY OUTINGS/FIELD TRIPS

As Parent/Guardian of \_\_\_\_\_, I understand that involving my son in the community is an integral part of programming for the Alpha ESQUIRES program. I grant permission to the staff to take my son into the community for educational, vocational, and social/recreational activities. This may include the use of various transportation modes including but not limited to public transportation, chartered bus, or agency vehicle. I understand notices will be sent to me regarding each scheduled activity. If there is a specific event I do not want my son to participate I may call or write to revoke my permission. My permission as expressed in this release is valid for the duration of my child's/ward's enrollment in the Alpha ESQUIRES program.



\_\_\_\_\_  
 Parent/Guardian Initial authorizing field trips

**Confirmation Signature:** I acknowledge receipt of this page and agree to the items where I have placed my initials and/or signature

\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Guardian Name

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

\_\_\_\_\_  
Date



## HEALTH/MEDICAL FORM

Due to the fact that the step team portion of the Alpha ESQUIRES program can be considered as a sport, defined as a high intensity, high-to-moderate dynamic and low static non-contact dance team, this form must be completed by a parent or guardian and returned with the program application. The staff will use this form to provide advisors, dance coaches, etc. with important information about your son in the event of an emergency. This form will not be used to exclude anyone from the program.

Applicant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Parent/Guardian – Emergency Contact Information:

(1) Parent/Guardian _____	(2) Parent/Guardian _____
Relationship to Child _____	Relationship to Child _____
Home Address _____	Home Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Home Phone _____	Home Phone _____
Work or Cell Phone _____	Work or Cell Phone _____

### Student's Identifying Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Does the enrolled student have any of the following conditions or symptoms?  No  Yes

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Severe Vision Impairment	<input type="checkbox"/> Allergies
<input type="checkbox"/> Mental Disorder	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Medications	<input type="checkbox"/> Severe Hearing Impairment	<input type="checkbox"/> Other health concerns

If you checked any of the above items, please explain below or attach supporting documentation or an additional sheet of paper:

Condition	Detailed Description

### Allergies – Include specific medicines, foods, bites and stings. None

Allergy	Reaction	Medication Required

### Medications – List any medications you may have in your possession. None

Medication	Condition	Medical Device Required

We require all young men participating in the Alpha ESQUIRES program to care for their recurring medical treatments without supervision. All medication, injections or other treatments must be monitored and administered by the individual. Please understand we cannot control the contents of food products during activities that may include food. Should your child have dietary allergies, he is ultimately responsible for inspecting all foods for ingredients related to allergies.

## AUTHORIZATION/PERMISSION FOR MEDICAL TREATMENT OR SERVICES

### Please check one:

I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible. \_\_\_\_\_

I do not give permission for medical treatment until I have been contacted. \_\_\_\_\_

Student is covered by group medical insurance:  No  Yes If yes, complete following:

Name of Insurer: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

## LIABILITY RELEASE

I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each program participant is responsible for his own insurance coverage during activities. I hereby release Alpha Phi Alpha Fraternity, Inc. and any designated individuals in charge of the specific activity from any legal or financial responsibility.



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Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



# RIGHTS & RESPONSIBILITIES

***Each Member has the following RIGHTS to:***

1. Attend meetings.
2. Be notified of meetings.
3. Make and second motions.
4. Debate the questions.
5. Vote on all motions.
6. Appear before the board or committee to state your case.
7. Serve as an officer and on committees.
8. Object to consideration of disagreeable motions.
9. Help elect officers.
10. Help decide how monies are to be spent.
11. Promote the projects of the club.
12. Follow the appeal process to decisions made by the group.
13. Effectively and appropriately approve and amend the bylaws and standing rules.
14. Invite qualified interested young men.
15. Defend the purpose of the club.
16. Maintain a level of respect to all members, mentors, and advisors.
17. Members have more rights than the president.
18. Express your opinion while IN the meeting, and NOT criticize to other AFTER the meeting.
19. If you want better officers, be more careful whom you elect.
20. If you can do better, offer your services, don't criticize unless you are willing to do the job yourself.

***Each Member has the following RESPONSIBILITIES to:***

1. Remain faithful to scholarly achievements, by maintaining a 2.5 GPA or significant growth in academic performance.
2. Attend and remain to the end of the meetings.
3. Pay dues and fees without complaining.
4. Obey all the rules and customs of the club.
5. Read and understand all of the bylaws and rules of the club.
6. Take your turn in serving on committees.
7. Support with money and service the activities and purpose of the club.
8. Know how to use the rights granted to you by the bylaws and adopted authority.
9. Learn the correct way to make a motion and other protocol matters (Roberts Rules of Order) to carry on the business of the club.
10. Express opinions on questions while IN the meetings and while motions are on the floor.
11. Amend motions if they don't express the need of the majority.
12. Know and observe the rules of debate and courtesy of debate.
13. Know when some motions should be sent to a committee for further information.
14. Call a "point of order" when you see a rule has been broken. Attention must be called immediately, not after business has started again.
15. Appeal from the decision of the chair on a point of order if you disagree with the decision.
16. Know the difference between the use of the motion, "To lay on the table" and "Postpone to the next meeting."
17. Realize when discussion has gone on too long, "Call for the previous question!"
18. Know that a motion that limit or take away privileges requires a 2/3 vote.

Student Affirmation: I have read and understand the Rights and Responsibilities expected of me, if granted membership in the Delta Alpha Lambda Chapter Alpha ESQUIRES Program.

X \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date





## PROGRAM EXPECTATIONS

### Participants in the Alpha ESquire program will...

- Be challenged and expected to work at or above their realized potential
- Operate under the notion of "No Excuses"
- Be expected to address their issues in a mature and professional manner
- Be expected to be present and on-time for all sessions and if they miss or cannot attend a session they should notify the appropriate facilitator or mentor.
- Not disrespect any adult, any student or themselves at anytime.
- Follow the established guidelines and procedures in the school and in the community.
- Be required to show academic progress in order to participate in certain activities.
- Be expected to be committed and willing to grow and succeed in their search for manhood, the development of their character and leadership and the dedicated to the service of all.

### Parents of the Alpha ESquire Program will...

- Recognize that the parent or guardian is crucial to student success and the program encourages parents and/or guardians to engage with the program throughout the year, with questions, concerns or input of any kind.
- Direct questions about activities, programs or policies to the appropriate mentor or program advisor(s). A parent also may wish to contact a member of the appropriate parent support committee.
- Encourage involvement in school and/or community activities. This support builds important skills, such as teamwork and persistence that are important in adulthood.
- Help your son make a strategy about what he needs to succeed in school and how the program can support these efforts.
- Become an active participant of the Parent Support Group and aide the program committee with the execution of activities.
- Be vocal about your values and expectations and share your thoughts with the appropriate mentor.
- Be generous with your praise and let your son know when you're proud of him.
- Not abuse the kindness and gratitude of the mentors and assume that the committee is required to or in a position to always provide transportation, meals, and other miscellaneous expenses due to the parent/guardian not making proper arrangements.

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Student/Parent Affirmation: I have read and understand the Program Expectations and if granted membership in the Delta Alpha Lambda Chapter Alpha ESQUIRES Program, I will be governed by the stated guidelines.

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

X \_\_\_\_\_  
 Parent Signature Date



# PROBATION & SUSPENSION GUIDELINES

A member may be placed on membership probation and/or suspension if:

- overall cumulative GPA falls below a 2.5,
- academic behavior is less than desirable (i.e. suspension/expulsion from school),
- lack of participation/behavior with the program.

During the academic school year, members will be subject to a quarterly report card/grade check. Members will be required to produce a copy of their report card and/or transcript for program review. If a member is in violation of the minimum standards he will be placed on probation or suspension until further notice. The first and primary goal/objective, since membership induction, is to improve your academic performance, which means maintaining/attaining a cumulative GPA of 2.5.

*If you are on **probation**, (cumulative GPA 2.0 – 2.4) you will be required to:*

- Participate in study tables and provide weekly eligibility of academic performance
- Become an active participant of the “Go to High School – Go to College” initiative
- Relinquish leadership role immediately (if applicable)
- Engage in limited participation in any step show activities – must be accompanied by the assigned mentor or parent/guardian
- Attend all local Leadership Development Institute activities, Project Alpha, or other youth related programs of the club or fraternity
- Become actively involved with your mentor
- Strive to do your best and continue on the path of academic achievement

*If you are on **suspension**, (cumulative GPA less than a 2.0) you will be required to:*

- Participate in study tables and provide weekly eligibility of academic performance
- Become an active participant of the “Go to High School – Go to College” initiative
- Relinquish leadership role immediately (if applicable)
- Engage in community service and civic engagement activities only, social activities must be accompanied by the assigned mentor or parent/guardian
- Attend all local Leadership Development Institute activities. Project Alpha, or other youth related programs of the chapter
- Participate only in team/club business meetings
- Become actively involved with your mentor
- Strive to do your best and continue on the path of academic achievement

Student/Parent Affirmation: I have read and understand the Probation and Suspension Guidelines and if granted membership in the Delta Alpha Lambda Chapter Alpha ESQUIRES Program, I will be governed by the stated guidelines.

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

X \_\_\_\_\_  
Parent Signature Date



# RECOMMENDATION FORM #1

One recommendation must come from a school teacher/administrator. The other may be from an employer, community leader, clergy member, mentor or other such person who can speak to your character, growth and development.

Applicant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The student is applying for admission to Alpha ESQUIRES, a program that promotes academic enrichment, leadership development, service learning and mentoring. Please place this form in a sealed and signed envelope. Recommender may also include a letter of recommendation along with this form.

	Outstanding	Very Good	Good	Average	Below Average	Unable to Evaluate
Interpersonal Skills						
Academic Achievement						
Punctuality						
Disciplined Work Habits						
Tenacity						
Initiative / Motivation						
Independence						
Leadership Potential						
Ability to Manage Conflict/Stress						
Responsibility / Maturity						
Communication Skills						
Self Awareness						

Other Comments: \_\_\_\_\_

Relationship to the applicant:  
 Teacher     Counselor     Administrator     Supervisor     Other

If other, specify: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Do You:             Highly Recommend             Recommend             Not Recommend

\_\_\_\_\_  
 Recommender's Signature



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## RECOMMENDATION FORM #2

One recommendation must come from a school teacher/administrator. The other may be from an employer, community leader, clergy member, mentor or other such person who can speak to your character, growth and development.

Applicant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The student is applying for admission to Alpha ESQUIRES, a program that promotes academic enrichment, leadership development, service learning and mentoring. Please place this form in a sealed and signed envelope. Recommender may also include a letter of recommendation along with this form.

	Outstanding	Very Good	Good	Average	Below Average	Unable to Evaluate
Interpersonal Skills						
Academic Achievement						
Punctuality						
Disciplined Work Habits						
Tenacity						
Initiative / Motivation						
Independence						
Leadership Potential						
Ability to Manage Conflict/Stress						
Responsibility / Maturity						
Communication Skills						
Self Awareness						

Other Comments: \_\_\_\_\_

Relationship to the applicant:  
 Teacher     Counselor     Administrator     Supervisor     Other

If other, specify: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Do You:             Highly Recommend             Recommend             Not Recommend

\_\_\_\_\_  
 Recommender's Signature



# Current Academic Progress Report

Student: \_\_\_\_\_

School: \_\_\_\_\_

Eligibility Check For: **Membership**

Submit this form with the most recent copy of the student's transcript and/or last report card

Subject & Teacher	Prepared for Class		Average Attendance	Current Grade	Missing Assignments	Behavior Concerns
	Yes	No				
1	Yes	No				
2	Yes	No				
3	Yes	No				
4	Yes	No				
5	Yes	No				
6	Yes	No				
7	Yes	No				
8	Yes	No				
9	Yes	No				
10	Yes	No				