

2014-2015

Omega Lamplighter Application Packet





**Omega Lamplighters
Pensacola, FL.**

November 2014

Dear Parents and Prospective Candidates:

Congratulations! You have been highly recommended by a coach, teacher, or community member to become involved in Pensacola's premiere minority male organization.

The Pensacola Lamplighters are now accepting applications for membership for the 2014-2015 school year. Omega Lamplighters is an organization dedicated to helping **Pensacola Local Area** young men of high school age to grow and develop their leadership talents in every phase of human endeavor. Former members of Omega Lamplighters included standout athletes, school government leaders, scholars, etc.

Through various activities, Omega Lamplighters perform projects that will expose young men to planning, execution, reporting ideas, and simulating good leadership characteristics designed to raise their aspiration levels. All activities and programs are modeled around the following four phases:

- **Leadership**
- **Academics**
- **Maturity**
- **Perseverance**

Several benefits that come from your affiliation with the Omega Lamplighters include:

- Numerous hours of community service (essential for college consideration).
- College Grants and Scholarship (merit and need based). A minimum of **\$250** is given to each senior for participation in the program. Participants are also eligible for up to **\$5000 in scholarships** through the fraternity and its affiliates.
- Mentorship and partnership with the esteemed Omega Psi Phi Fraternity, Inc. (which includes members such as Steve Harvey, Michael Jordan, Ray Lewis, Bill Cosby, and Shaquille O'Neal).
- ACT/SAT/College Application waivers and tutoring opportunities.
- Local and National networking opportunities.

Who: *Omega Lamplighter Applicants*

What: *Induction Workshop #1*

When: *January 10th, 2014, 10AM (please arrive early)*

Where: Location: *S.L. Jones Christian Academy:*

100 Boeing Street, Pensacola, FL 32507

Should you have any questions regarding the program, please feel free to contact Bryan Freeman at (850) 570-3575. Thank you for your consideration.

Bryan Freeman, M.Ed
Executive Director
Freemanb2@live.com



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Pensacola, FL.**

Please complete all information requested. Print (black ink) or Type.

Name: _____ Date _____

Home Address _____
Street City State Zip Code

Home Phone: _____ Birthday _____ Age _____ Sex _____

Current School _____ Grade: _____

Grade Point Average (un-weighted): _____

Referred By: _____

Is the referral by a member of Omega Psi Phi Fraternity? Yes / No
(Circle one)

Parents / Guardian: _____

Emergency Contact: _____ Emergency Phone #: _____

Church Affiliation: _____

Medical Disability: _____

Organizations that you have participated in:

- 1.
- 2.
- 3.
- 4.
- 5.

Parent Signature: _____ Participant Signature: _____

Parental Release Form 1B

Primary Guardian: _____

Phone Number: _____

Email Address: _____

Note: communication regarding lamp lighter events will normally be done by email. Please list an email address that you check on a regular basis.

“I hereby grant permission for my child _____ to participate in the Pensacola Omega Lamp Lighters Club governed by Omega Psi Phi Fraternity, Inc. and to participate in activities arranged by the Youth Club's Committee and Advisor in this regard from time to time. This will serve to release Omega Psi Phi Fraternity, Inc. and all of its affiliates from liability in case of accident or injury resulting from all causes in connection with such membership including outings, field trips or other activities which necessitate travel away from Pensacola, Florida, except for those involving gross negligence or intentional misconduct on the part of Omega Psi Phi.”

“In granting this permission and release, I specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or Omega Fraternity members. I specifically release and will hold harmless Omega Psi Phi Fraternity, Inc. their officers, members, etc. any and all liability which may arise as a result of such transportation.

_____	_____	_____	_____
Signature of Participant	Date	Signature of Parent / Guardian	Date

Enclosed is my check for ___ \$100.00

If Non-Omega Member, Your Omega affiliation: _____

_____	_____
Signature of Parent / Guardian	Date

Please be sure to return all forms with payment:

- Youth Group Application Form
- Prospective Member Personal Statement
- Parental Release Form 1B
- Health Release Form 1C
- Code of Conduct Form 1D
- Mastery Permission Form 1E
- Letters of Recommendation (3)

Health Information Form 1C

Participant's Name: _____ Birth Date: _____

Doctor's Name: _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable) _____

Name of emergency contact: _____ Relationship _____

Does this participant have any physical or emotional conditions of which the Lamplighter advisors should be aware?

Restrictions on activities: _____

Regularly prescribed medications: _____

Date of most recent tetanus booster: _____

Allergies to drugs: _____

Allergies to food or special diet: _____

Allergies, other important information: _____

Parent's Authorization: _____

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Omega Lamplighters Youth Group to take whatever steps they deem necessary to insure the well being of your child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the parent or emergency contact provided.

I, _____ do hereby authorize Omega Psi Phi to take necessary emergency measures in the treatment of my son/daughter _____ if needed. My son/daughter is in good physical health and does not have any disabilities which may be aggravated except as noted on this form. I release Omega Psi Phi and its members from all responsibilities other than supervised, scheduled activities. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by Omega Psi Phi to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian Date

Code of Conduct Form 1D:

Events of Pensacola Lamp Lighters Club School Year 2014-2015

1. Possession and use of any drug, marijuana, tobacco, or alcohol is strictly forbidden. Violations will result in immediate dismissal from the event and will be expelled from the program.
2. Attendance at all aspects of an event is mandatory. Three absences from mandatory meeting will result in expulsion from the program
3. No participant in any event may exit prematurely or fail to attend any part of an event without the express consent of their parent and the acknowledgement of the advisor. No participant may leave the grounds of any sanctioned Omega Lamplighters event without the express permission of the advisor.
4. Any rules announced by the advisor/leadership of the event are to be observed as if they were written rules.
5. All local state and federal laws shall be in force.
6. No foul language or disruptive behavior (as determined by the advisor) will be tolerated.
7. At all times during an event, participants are expected to show respect and courtesy to advisors, chaperones and all other Omega Lamplighter Youth Group participants.

The participant's parents will be notified immediately if any of the rules are broken. Anyone who does not follow these rules will not be allowed to participate in future events and risks dismissal from the Omega Lamplighters Youth Group. Any member who is dismissed from the program will forfeit all Omega Lamplighter paraphernalia and money paid to the program.

I understand the above outlined Code of Conduct: Events of Omega Lamp Lighter Club and agree to follow such Code.

Signature of Youth Group Participant Date

Signature of Parent / Guardian Date

MASTER PERMISSION SLIP Form 1E

This permission slip is to cover all field trips that your child will attend this year. Parents will be notified in advance of the dates and destinations of all trips.

_____ has permission to go on all Omega Lamplighters Youth Groups for the 2014-2015 school year.

Participant's Name

Signature of Parent / Guardian

Letter of Intent/Letters of Recommendations

Letter of Intent

Please answer the following questions in your letter of intent (**letters must not exceed 250 words**):

1. What are your life goals (Career, Academic, and Personal)?
2. What weaknesses do you think could keep you from being successful?
3. What strengths will help you reach these goals?
4. What do you hope to get out of this experience?
5. What gifts, talents, motivations, and interests do you bring that would enhance the experience for the group?

Letters of Recommendation

Letters of Recommendation (two letters of recommendation must come from either a financial member of Omega Psi Phi, or a school faculty member. The third can come from coach/pastor/mentor/etc.)

Please have the following questions answered in your letter of recommendation (**must not exceed 250 words**):

1. Why would it be good for this applicant to participate in the Omega Lamplighters Club?
2. What character attributes have you experienced from the applicant that would make him a valuable person to have in our program? Please illustrate how you have observed these attributes.

*An official transcript with the seal of the school **MUST** accompany your letter of intent.

Lamplighters Program Staff

Program Director:

Bryan Freeman

Vice Program Director, Internal Affairs:

Christopher Wooten

Vice Program Director, Community Affairs:

David Williams II

Social Activities Coordinator:

Michael Young

Workshop Coordinator:

Willie Demps

Community Service Coordinators

Will Freeman

Vin Durant

Curriculum Specialists:

Vanessa Phillips

Angel Bradley

Ministry Counselors

Tanaka Travis

Derek Huey

Step Masters:

Andrew Maxwell

JD Denis

Community Liaisons:

Shenna Payne

Keyontay Humphries

Eunicia Giuchici

