

Omega Lamplighters Application Packet





**Omega Lamplighter Application
Prospective Member Information Profile**

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

Name: _____ Email Address _____

Home Address _____
Street City State Zip Code

Home Phone: _____ Birthday _____ Age _____

Current School _____ Grade: _____

Grade Point Average (un-weighted): _____

Were you Referred By anyone (Member of Omega Psi Phi or Existing Lamplighter Family):

Parents / Guardian:

Name of Parent/Guardian cell number email address

Organizations/Teams that you have participated in:

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

Parental Release Form 1B



“I hereby grant permission for my child _____ to participate in the Mobile Chapter of Omega Lamplighters. The Omega Lamplighters are supervised by members of the Rho Alpha Chapter of Omega Psi Phi Fraternity Inc. By signing this permission/waiver notice, you are releasing the Rho Alpha Chapter and Omega Psi Phi Fraternity, Inc. from all liability of accidents or injury that may result from meetings, outings, field trips or other activities which necessitate gathering or traveling.

“In granting this permission, I also authorize members of Omega Psi Phi fraternity to transport my child to events by private or chartered vehicles. I specifically release and will hold harmless Rho Alpha Chapter of Omega Psi Phi Fraternity, Inc. their officers, & members of all liability which may arise as a result of such transportation.

Signature of Participant

Date

Signature of Parent / Guardian

Date

Health Information Form 1C



Participant's Name: _____ Birth Date: _____

Name of emergency contact: _____ Relationship _____

Does this participant have any physical or emotional conditions of which that we should be aware?

Restrictions on activities: _____

Known Allergies _____

Parent's Authorization:

I, _____ do hereby authorize necessary emergency measures in the treatment of my son _____ if needed. I attest that my son is in good physical health and does not have any restrictions except what's noted on this form. I release Rho Alpha Chapter, Omega Psi Phi Fraternity, and its members from liability of any medical event during an activity. In the event of a medical emergency, I authorize immediate medical attention, to include hospitalization and proper treatment on behalf of my child.

Signature of Parent / Guardian

Date

Code of Conduct Form 1D:

1. Possession and use of any drug, marijuana, tobacco, or alcohol is strictly forbidden. Violations will result in immediate dismissal from the activity and potential expulsion from the program.
2. Attendance of all Activities is expected. Three absences from activities/meetings may impact the status of involvement in the program.
3. We anticipate that all participants may attend all activities/events until the official conclusion. Early departures must have consent from the parent and acknowledgement of the advisor on site prior to exiting.
4. Any rules and guidance provided by the advisor/leadership of activities must be followed.
5. All local, state, and federal laws shall be followed.
6. No foul language or disruptive behavior will be tolerated.
7. Participants are expected to show respect and courtesy to advisors, chaperones, and fellow Lamplighter participants.

The participant's parents will be notified immediately if any of the rules are broken. Any violators will not be allowed to participate in future activities, and risks dismissal from the Omega Lamplighters Program. All funds to participate in the program are nonrefundable.

I AM committed to reaching my FULL potential!!!

Signature of Participant

Date

Signature of Parent / Guardian

Date

Letter of Intent/Letters of Recommendations

Letter of Intent

(Essay from potential Member) 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)? What weaknesses do you have that you believe this program can help you with? What strengths will you bring to the Lamplighter program? What do you hope to get out of this experience?

Recommendation Letters

We are requesting 2 Recommendation letters to include:

- A description of gifts, talents, motivations, and interests of the potential participant.
- Mention how this program could benefit the candidate
- Recommendations may come from either a school faculty member, Coach, Pastor, or **Member of Omega Psi Phi Fraternity**.

*An official report card from the school attached to the letter of Intent is preferred.