

*2019-2020*



*Shreveport - Bossier  
Omega Lamplighter Application*



**Omega Lamplighters  
Shreveport-Bossier, La.**

July 1, 2019

Dear Parents and Prospective Candidates:

Thank you for your interest in Shreveport-Bossier's premiere minority male organization, the Omega Lamplighters.

**The Shreveport-Bossier Lamplighters** are now accepting applications for membership for the 2019-2020 school year. Omega Lamplighters is an organization dedicated to helping **Shreveport-Bossier** area young men of middle school and 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:

<b>Leadership</b>	<b>Maturity</b>
<b>Academics</b>	<b>Perseverance</b>

**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 several **scholarship opportunities** through the fraternity and its affiliates.
- Mentorship and partnership with esteemed members of Rho Omega & Friends, Inc.
- ACT/SAT/College Application waivers and tutoring opportunities.
- Local and National networking opportunities.

**Deadline: 11:59 pm, July 31, 2019**

*Any applications received after 11:59 pm on July 31, 2019 will not be accepted*

All applications must be mailed and postmarked no later than July 31, 2019. No hand delivered applications will be accepted, **NO EXCEPTIONS!** Your application should be mailed to:

**Rho Omega & Friends, Inc.  
Omega Lamplighters Application  
P.O. Box 19431  
Shreveport, LA 71149**

**Please understand that your son is not guaranteed acceptance/participation into the Omega Lamplighters organization. Each applicant will be vetted based on completeness of application, information provided, timeliness, and by number of available slots.**

**\*\*\*LIMITED SLOTS ARE AVAILABLE\*\*\***

Should you have any questions regarding the program, please feel free to contact Tim Graham at (318) 780-6805 or via email at [shreveportlamplighters@gmail.com](mailto:shreveportlamplighters@gmail.com) . Thank you for your consideration.

Tim Graham,  
Program Chairman



Parental Release Form 1B

Father's Name: \_\_\_\_\_ Ph No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Ph No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Emergency Ph No.: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Note:** Communication regarding Omega Lamplighters events will normally be done via email/text message and/or written communication. Please list an email/mobile phone that you check on a regular basis.

"I hereby grant permission for my child \_\_\_\_\_ to participate in the Shreveport-Bossier Omega Lamplighters governed by Rho Omega & Friends, Inc. and to participate in activities arranged by the Committee and Advisors in this regard from time to time. This will serve to release Rho Omega & Friends, 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 Shreveport-Bossier, except for those involving gross negligence or intentional misconduct on the part of Rho Omega & Friends, Inc."

"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 Rho Omega & Friends, Inc. members. I specifically release and will hold harmless Rho Omega & Friends, 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 **non-refundable** cash/check/money order for **\$25.00** (Checks/Money Orders should be made out to: Rho Omega Lamplighters. In the memo section please write: Omega Lamplighter Application Fee

\_\_\_\_\_ Financial Assistance needed

Note: Information shared will be regarded as confidential. If participant is a son/guardian of a financial member of Rho Omega, the fee is non-negotiable.

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

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy or Plan # \_\_\_\_\_

Applicant'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? \_\_\_Yes / \_\_\_No

If yes, please list condition(s): \_\_\_\_\_  
\_\_\_\_\_

Shot records up to date?(if possible, include copy) \_\_\_\_\_

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 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 Rho Omega & Friends, Inc. to take necessary emergency measures in the treatment of my son \_\_\_\_\_ if needed. My son is in good physical health and does not have any disabilities which may be aggravated except as noted on this form. I release Rho Omega & Friends, Inc. 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 Rho Omega & Friends, Inc., 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 Shreveport-Bossier Lamplighters School Year 2019-2020

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 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 organization. **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 Lamplighter organization and agree to follow such Code.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Master Permission Slip Form 1E

This permission slip is to cover all filed trips that your child will attend throughout the year. Please note that Parents will be notified in advance of all dates and destinations prior to any trip.

\_\_\_\_\_ has my permission to go on all Omega Lamplighter's  
applicant's name  
mentoring group trips for the 2019-2020 school year.

\_\_\_\_\_  
Parents/Legal Guardian's Signature

\_\_\_\_\_  
Date

## 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 school transcript **MUST** accompany your letter of intent.



## Lamplighters Committee Officers

**Program Director/Chairman:**

*Bro. Timothy Graham*

**Vice Program Director:**

*Bro. Calvin B. Lester, Jr.*

**Vice Program Director:**

*Bro. Henri Wesley*

**Program Finance Director:**

*Bro. Mark Cooper, Sr.*

**Community Affairs Liaison:**

*Bro. Damien Burgess*

**Social Activities Coordinator:**

*Bro. Carlos Tate, Sr.*

**Workshop Coordinator:**

*Bro. Kenneth Thompson*

**Community Service Coordinator:**

*Bro. Ronald Sloan*

**Curriculum Specialists:**

*Bro. Willie McPherson*

**Ministry Counselors**

*Bro. Asriel McLain*

**Step Team Coordinators:**

*Bro. Edward Prim*

*Bro. Carlin Tate*

**Committee Members:**

*Bro. Larry Anderson*

*Bro. Patrick Dennis*

*Bro. Myron Harris*

*Bro. James Hawkins*

*Bro. Willie Henderson*

*Bro. Victor Ingram*

*Bro. Sam Jones*

*Bro. Adrian Saldana*

*Bro. Dennis Sells*

*Bro. William Small*

*Bro. Shomichael Stepens*

*Bro. Carl Stewart, Jr.*

*Bro. Ken Thomas, Sr.*

*Bro. Kalan Washington*

*Bro. Lamarcus Williams*