



DELEGATE NAME: _____

American Legion Auxiliary Aloha Girls State 2018 Delegate Interview Application Packet

- Delegate Information
- Proof of U.S.A. Citizenship or Legal Residency
- Cancellation Policy and Ceremonies & Service
- Information Use Disclosure
- Health History
- Over the Counter Medication Permission Release Form
- OPTIONAL:**
 - Attach a 100--250 word essay describing how the opportunity of attending the ALA Aloha Girls State would be beneficial to your future civic leadership
 - OR: Please find a relevant issue facing the residents of Hawai'i and in 100-250 words describe what it is and why it is important to you. *(The four top issues as examples are: Budget, Homelessness, Housing, Transportation)*
- Check for \$100 made out to: ALA Hawaii Girls State
- Please remember to have two Letters of Recommendations submitted online before May 7, 2018. *Can submit separate letter via email or use google doc listed below.*

Link for Recommendation Letters: <https://goo.gl/forms/lugI9p0SArVikKH22>

Bring this packet to the Interview, it will serve as your admissions ticket.

Neighbor islands scan/email the packet to: alaAlohaGirlsState@gmail.com

Review the Scholarships tab for information on scholarships offered through ALA AGS.

Name_____

Delegate Contact Information

Name: _____

Phone Number: _____

Address: _____

Delegate Email: _____

Emergency Contact Information

Parent/Guardian: _____

Phone Number: _____

Relationship: _____

Parent Email: _____

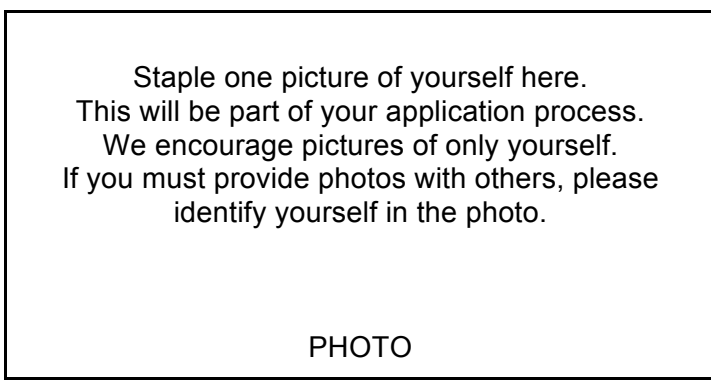
School Information

High School Name: _____

T-Shirt Size: S M L XL XXL

- By checking this box, I have confirmed the following information, and am prepared to arrive to and depart from:
 Hawaii Pacific University – Aloha Tower Arriving Monday June 4, 2018 at 8:00 a.m.
 1 Aloha Tower Drive Departing Wednesday June 6, 2016 at 7:00 p.m.
 Honolulu, HI 96813

Attach one picture of yourself here. This is for identification purposes only and we encourage photographs in professional or modest attire.



We acknowledge that the ALA Girls State program takes place from June 4 at 8:00 a.m. through June 6 at after award ceremony, approximately 7:00 p.m. and understand the importance of being dropped off and being picked up on time. We also understand that the delegate will not be able to leave the campus/group for any reason (unless emergency) and guests will not permitted during these times.

Parent/Guardian Signature: _____ Date _____

Delegate Signature: _____ Date _____

Proof of U.S.A. Citizenship or Legal Residency

High school girls eligible to participate in the ALA Girls State/Girls Nation programs must have completed their Junior year of high school and have at least one semester remaining, be a United States citizen or legal inhabitant of the United States as evidenced by a current and/or valid birth certificate, visa, passport, Green Card or other United States government-issued documentation verifying a legal presence in the United States for at least the duration of the ALA State/Girls Nation program. For any girl to be eligible to take part in the ALA Girls Nation program, she must be able to clear a background check by the United States government, the White House and the U.S. Secret Service.

Please attach copy of proof to this application packet as indicated below.

I attest that my daughter/ward has a U.S. government-issued birth certificate or legal documentation of her legal presence in the United States provided by the U.S. government (e.g. visa, Green Card, passport).

Attached, please find a bona fide copy of her birth certificate or her U.S. government-issued documentation proving that she is a legal inhabitant of the United States for the duration of the event.

If I fail to provide current and valid documentation, my daughter/ward will not be allowed to take part in ALA Girls State and I, as parent/guardian, will be responsible for all expenses incurred up to that point in time.

NAME OF DOCUMENT ATTACHED: _____

Parent/Guardian:_____

Phone Number:_____

Relationship:_____

Parent Email:_____

Parent/Guardian Signature:_____

Date:_____

The remainder of this packet will be filed as registration documentation for accepted delegates.

Cancellation & Refund Policy:

If your daughter/ward accepts an offer to be a candidate in this year’s session then is unable to attend ALA Aloha Girls State, she is required to notify the sponsoring ALA Aloha Girls State Chairperson by May 15, 2018. Failure to do so may result in YOUR REIMBURSING the expenses incurred by the sponsoring American Legion Auxiliary Unit, up to and including \$400.00.

_____Parent Initial

Ceremonies and Services:

The American Legion Auxiliary is an organization that stands for God and Country and has done so for 90 years. Part of the ALA Aloha Girls State program involves the delegates attending a MIA/POW ceremony that involves a non-sectarian religious prayer that praises and thanks God and the country of the United States of America and those that sacrifice for our freedom. If your needs go beyond this offering, please let us know by May 10, 2018. Every attempt will be made to reasonably accommodate preferences, however, it is not guaranteed.

_____ Parent Initial

_____ Delegate Initial

By signing below, we agree to the above policies and procedures.

Print Parent/Guardian Name

Print Delegate Name

Parent/Guardian Signature

Date

Delegate Signature

Date

**American Legion Auxiliary
Aloha Girls State
Information Use Disclosure**

In compliance with Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Federal Privacy Act of 1974, the ALA Department of Hawaii Aloha Girls State (ALA DoH AGS) Planning Team recognizes that private information cannot be used or disclosed except as described. This includes such information as name, address, phone numbers, email address, social security number and health information about staff members and program participants. The intended uses of the information collected are described below.

Purposes

1. Facilitate emergency health care if needed with prior permission of the staff member
2. To facilitate tours of US government facilities requiring security check
3. To register and process lists and nametags for youth and staff at ALA AGS
4. To facilitate the creation of housing lists
5. To provide a directory of ALA Aloha Girls State staff members and participants

Access

1. American Legion Auxiliary Department of Hawaii Aloha Girls State planning staff, director, and medical staff
2. Basic contact information via the directory to ALAAGS staff members and participants

On Site Storage

1. Information will be secured in a cabinet or office space

Retention of Records Policy

All documents relating to ALA AGS will be retained for a minimum of three years from the date of creation or the last in effect. After this period of time, the ALA DoH AGS will shred all of the documentation and dispose of it properly.

Agreement

I have received and read the required HIPPA Notice of Privacy Practices as provided above. This notice ensures the procedures that will be taken to assure that all health related information is kept confidential and protected. I also understand that this form must be returned, along with the ALA AGS medical form in order to participate in all activities related to ALAAGS session.

Printed Name of Delegate

Date

Signature of Delegate

Signature of Parent/Guardian

Date

Health Information

All Information provided will be shared only with the on duty nurse during your time at ALA Aloha Girls State (ALAAGS). Information will be handled in accordance to HIPPA's Notice of Privacy Acts. Information provided will not be used to influence your selection, only to help plan the session for those that need accommodations.

Name of Delegate	Date of Birth	Age
Address: Street	City	State
	Zip Code	Emergency Contact Name & Phone #

Health History

IS YOUR DAUGHTER/WARD IN GENERALLY GOOD HEALTH? (Circle One) Yes / No

Basic Health History: Explain any selections made. Include additional information in the provided space.

- | | |
|--|---|
| <input type="checkbox"/> Frequent ear infections
<input type="checkbox"/> Asthma/Breathing Difficulty
<input type="checkbox"/> Bleeding disorders
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart conditions
<input type="checkbox"/> Convulsions

<input type="checkbox"/> Allergies (Circle all that apply): Penicillin Aspirin Hay fever Bee stings _____
<input type="checkbox"/> Food Allergies: _____
<input type="checkbox"/> Other (please include anything checked above and anything you believe to be important; be specific) | <input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Migraines
<input type="checkbox"/> Sleepwalking |
|--|---|

Immunizations: All immunizations must be up to date. Please attach immunization record.

Is there any physical disorder that might affect your daughter/ward while taking part in this program? _____

If so, please explain: _____

Does she have any special dietary needs? _____ If so, please explain: _____

What medication/s is your daughter/ward required to take:

MEDICATION: _____ TAKEN FOR: _____

Parent/Guardian Signature

Date

Physician's Signature (if needed)

Date

