



DELEGATE NAME: \_\_\_\_\_

## American Legion Auxiliary Hawai'i Girls State 2019 Delegate Interview Application Packet

- Delegate Information
- Proof of U.S.A. Citizenship or Legal Residency  
(*Driver's License, Passport, Green Card, etc*)
- Cancellation Policy and Ceremonies & Service Signed Form
- Information Use Disclosure Signed Form
- Health History
- Over the Counter Medication Permission Release Signed Form
- BE PREPARED TO DISCUSS:**
  - How the opportunity of attending the ALA Hawai'i Girls State would be beneficial to your future civic leadership
  - Please find a relevant issue facing the residents of Hawai'i and why it is important to you. (*Some 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 April 13, 2018. Link for Recommendation Letters <https://forms.gle/DQkHSTSEHD6BPm1v9>

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

Neighbor islands scan/email the packet to: [alaHawaiiGirlsState@gmail.com](mailto:alaHawaiiGirlsState@gmail.com)

**Review the Scholarships tab for information on scholarships offered through ALAHGS.**

### **INTERVIEWS WILL BE HELD AT OUTRIGGER CANOE CLUB**

*Location: Interviews will be held at Outrigger Canoe Club  
2909 Kalakaua Ave, Honolulu, HI 96815 (808) 923-1585*

*There is free parking in the parking lot, just say you are there for ALA Hawaii Girls State.*

***Interviews to be held in the Duke Room. Upon entrance into the main lobby of the club, there will be someone to welcome you and guide you to the interview.***

***Interview Prep: Each applicant will have 10 minutes. Please be prompt, review proper interview etiquette, and come prepared for a professional interview. (Dress is business casual.)***

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 – Hawai'i Tower      Arriving Saturday June 8, 2019 at 8:00 a.m.  
 1 Hawai'i Tower Drive                                      Departing Tuesday June 11, 2019 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.**

Staple/Tape one picture of yourself here.  
 This will be part of your application process.  
 We encourage pictures of only yourself.  
 If you must provide photos with others, please  
 identify yourself in the photo.

PHOTO

*We acknowledge that the ALA Hawai'i Girls State program takes place from June 8 at 8:00 a.m. through June 11 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 Hawai'i Girls State, she is required to notify the sponsoring ALA Hawai'i Girls State Chairperson by May 1, 2019. Failure to do so may result in YOUR REIMBURSING the expenses incurred by the sponsoring American Legion Auxiliary Unit, \$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 over 90 years. Part of the ALA Hawai'i 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, 2019. 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  
Hawai'i 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 Hawai'i 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 ALAHGS
4. To facilitate the creation of housing lists
5. To provide a directory of ALA Hawai'i Girls State staff members and participants

**Access**

1. American Legion Auxiliary, Hawai'i Girls State planning staff, director, and medical staff
2. Basic contact information via the directory to ALAHGS 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 ALAHGS 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 ALAHGS 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 ALAHGS medical form in order to participate in all activities related to ALAHGS 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 Hawai'i Girls State (ALAHGS). 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<br><input type="checkbox"/> Asthma/Breathing Difficulty<br><input type="checkbox"/> Bleeding disorders<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Heart conditions<br><input type="checkbox"/> Convulsions<br><br><input type="checkbox"/> Allergies (Circle all that apply): Penicillin Aspirin Hay fever Bee stings _____<br><input type="checkbox"/> Food Allergies: _____<br><input type="checkbox"/> Other (please include anything checked above and anything you believe to be important; be specific) | <input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Hyperactivity<br><input type="checkbox"/> Hypertension<br><input type="checkbox"/> Migraines<br><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

## Over the Counter Medication Permission Release Form

We would like to have your permission to administer the following over-the-counter medications to your daughter/ward if the need arises. We have Health Services Staff on site while your daughter/ward is at our session. Unless instructed otherwise, they will follow the directions on the medication for dosage.

(Please check the medications your daughter is allowed to use)

- Regular Strength Tylenol Acetaminophen Package dosage or \_\_\_\_\_ Dosage
- Regular Strength Advil Package dosage or \_\_\_\_\_ Dosage
- Regular Strength Benadryl Package dosage or \_\_\_\_\_ Dosage
- TUMS/Chewable Antacid Package dosage or \_\_\_\_\_ Dosage
- Pepto Bismol Package dosage or \_\_\_\_\_ Dosage
- Robitussen DM (coughs) Package dosage or \_\_\_\_\_ Dosage
- Imodium Package dosage or \_\_\_\_\_ Dosage
- Midol Package dosage or \_\_\_\_\_ Dosage

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

\_\_\_\_\_  
Date

- I do not want my child to receive any over-the-counter medications without prior permission from me.

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

\_\_\_\_\_  
Date

Is there anything further we should know that would help in caring for your daughter/ward?

\_\_\_\_\_

Please note, if your daughter/ward has a pre-existing illness, or becomes ill during the Session, and is unable to attend any portion of the Session, she will be sent home at her own cost. I, the parent/guardian of the above named applicant, do hereby certify that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Required signature of Parent/Guardian

\_\_\_\_\_  
Date

\*Any medications taken daily (with the exception of physician prescribed birth control) will be kept and administered by the nurse on staff. Nurse location will be made available in the Delegate Information Packet.