



American Legion Auxiliary Kentucky Girls State

To Potential Participants and Parents in conjunction with the 2017 Session of the American Legion Auxiliary Kentucky Girls State Program:

For the 2017 session of American Legion Kentucky Girls State (ALA KGS), updated forms are available and current year forms are required. All forms are also available from the Department Website at: www.kyamlegionaux.org. For your convenience, a single comprehensive group of forms are available for your use.

Since the forms are being made available via the internet, registration forms must be returned to their source, if obtained from a school official or American Legion Auxiliary Unit Representative. If the forms are obtained from the internet, they must be submitted to ALA KGS Director Virginia Hobbs at the address listed below. At the time the registration form is submitted, the medical form, media release and social networking policy must be submitted as part of the application package. A background form (suggested, but not required) is also provided. The sponsoring ALA Unit may require additional forms. Please note that the registration form should be used for both delegates and alternates, with appropriate information checked.

FACTS ABOUT ALA KENTUCKY GIRLS STATE

1. 71st Session to be held June 4th – 9th, 2017
2. Held at the University of the Cumberland, Williamsburg, KY, just off I-75
3. This is interactive training in the governmental process. Activities include role play as government officials. Participants are:
 - a. Assigned to Federalist or Nationalist Party
 - b. Assigned to House of Representatives or Senate
 - c. Run for elected city and state offices
 - d. Live in mythical cities
 - e. Delegates write bills and email or bring bills to ALA Kentucky Girls State
 - f. Supervisors are American Legion Auxiliary volunteers and former participants
 - g. Registration begins at 12:00 noon until 3:00 *p.m.* Sunday, June 4th. The closing session on Friday, will adjourn at approximately 10:00 a.m.

CRITERIA FOR DELEGATES TO ALA KENTUCKY GIRLS STATE

1. Progressed through grade 11 without interruption or retention.
2. Must be a legal resident of the United States
3. Must be interested in government
4. Must be willing and able to fully participate in the entire program. **ANY LATE ARRIVALS OR EARLY DEPARTURES WILL FORFEIT THEIR OPPORTUNITY TO RUN FOR AN OFFICE WHILE AT GIRLS STATE.**
5. **Participants in the Governor's Scholar Program should be considered to attend ALA Kentucky Girls State;** however, they are ineligible to attend Girls Nation due to a scheduling conflict with GSP.

REGISTRATION MATERIALS

1. The registration form, medical form, background information, and media release should be mailed to:
Ms. Virginia Hobbs, Director
Kentucky Girls State
297 Terrace Drive
Radcliff, KY 40160-1185
2. **THE DEADLINE FOR REGISTRATION is MAY 1, 2017.** The American Legion Auxiliary conducts the

program and provides sponsorship of the attendees, but a contributing organization, bank, individual, business, or civic organization, may contribute to the American Legion Auxiliary in sponsoring a delegate for ALA Kentucky Girls State. The ALA Unit has final approval of the delegate and will notify the applicants of their acceptance.

Applications submitted directly to the program by individual applicants will receive notification from Director Hobbs of their acceptance.

Ms. Virginia Hobbs, Director
297 Terrace Drive
Radcliff, KY 40160
(270) 300-6060 (c)
Email: virginiahobbs@yahoo.com

Mrs. Diane Spencer, Chairman
1624 Jennifer Rd. #106
Lexington, KY 40205
(859) 285-8616
Email: diane.spencer@uky.edu



American Legion Auxiliary
Kentucky
Girls State

(Form May Be Duplicated) PLEASE TYPE OR WRITE LEGIBLE
FORM TO BE RETURNED TO THE ALA KGS DIRECTOR

**RECEIPT OF THIS FORM IS MANDATORY
DEADLINE FOR REGISTRATION IS MAY 1, 2017**

REGISTRATION FORM
ALA KENTUCKY GIRLS STATE

1. NAME _____ DATE OF BIRTH _____
2. MAILING ADDRESS _____
3. _____ ZIP _____ EMAIL _____
4. PHONE _____ CELL PHONE _____
5. FATHER OR GUARDIAN _____ OCCUPATION _____
6. FATHER'S CONTACT NUMBER _____
7. MOTHER OR GUARDIAN _____ OCCUPATION _____
8. MOTHER'S CONTACT NUMER _____
9. HIGH SCHOOL NAME AND LOCATION _____

CERTIFICATION

I certify that the above-named student is a Junior at _____
(High School)

Signed by: _____
(School Official and TITLE)

THE ABOVE INDIVIDUAL WAS SELECTED AS A DELEGATE _____ ALTERNATE _____ TO THE 2017
SESSION OF KENTUCKY GIRLS STATE.

PARENTAL CONSENT

I, _____, an above indicated parent/guardian of _____,
hereby acknowledge my knowledge of and permission for her to participate in the American Legion Auxiliary, Kentucky
Girls State Program from June 4, 2017 through June 9, 2017.

Signed: _____ Date: _____

UNIT SPONSORSHIP

The above individual is being sponsored by _____
(UNIT NAME AND NUMBER)

Signed by: _____
(Unit President OR Girls State Chairman)

Address: _____

Telephone Contact: _____



American Legion Auxiliary
Kentucky
Girls State

(Form May Be Duplicated) **PLEASE TYPE OR WRITE LEGIBLE**
FORM TO BE RETURNED TO THE ALA KENTUCKY GIRLS STATE DIRECTOR WITH REGISTRATION FORM

BACKGROUND INFORMATION FORM
ALA KENTUCKY GIRLS STATE

1. NAME _____
2. EMAIL _____ CELL PHONE _____
3. COURSES YOU HAVE TAKEN WHICH WILL HELP YOU AT GIRLS STATE: example-history, drama, government, public speaking, leadership training.
4. LIST SCHOLASTIC AND HONORARY AWARDS AND ALL EXTRA CURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED ON THE REVERSE SIDE OF THIS FORM. BE SURE TO INDICATE OFFICES HELD.
5. WHAT TALENTS DO YOU HAVE? SING _____ DANCE _____ PLAY MUSICAL INSTRUMENT _____.
6. WILL YOU BE ABLE TO ATTEND THE **FULL SESSION** OF GIRLS STATE JUNE 4-9, 2017? GIRLS WILL NOT BE EXCUSED FOR TESTING OR OTHER ACTIVITIES. YES _____ NO _____
7. DO YOU HAVE ANY PROBLEMS THAT WOULD PREVENT FULL PARTICIPATION IN THE PROGRAM? GIRLS STATE NECESSITATES **LONG HOURS AND LONG WALKS TO CLASSES?** _____. IF YOUR ANSWER IS YES, PLEASE EXPLAIN.
8. PLANS AFTER GRADUATION:
a. _____ College
b. Business School _____ Work (type) _____
Trade School _____ Military(Branch) _____
9. DID ANY OTHER FAMILY MEMBER ATTEND GIRLS OR BOYS STATE? _____
10. WHO _____ WHERE _____ WHEN _____
11. IS ANY FAMILY MEMBER CURRENTLY SERVING IN THE MILITARY? _____ IF SO WHO? _____

Mail completed form to; Virginia Hobbs, Director American Legion Auxiliary Kentucky Girls State, 297 Terrace Drive, Radcliff, KY 40160



American Legion Auxiliary
Kentucky
Girls State

MEDIA RELEASE

The American Legion Auxiliary Kentucky Girls State (KGS) and the University of the Cumberlands would like to take pictures and make video records of the 2016 Session of KGS. KGS is only looking to create a video for the enjoyment of the participants, to promote the program within the American Legion Auxiliary and at participating high schools. Photographs are taken of various activities, including the trip of the State Officials to Frankfort, and a group photo of each city. Photographs and information may also be posted on Facebook using the page for Kentucky Girls State.

I give my permission to the American Legion Auxiliary Kentucky Girls State and the University of the Cumberlands to use photographs including my daughter,

_____.
(Participant's name)

Signature of Parent/Guardian_____

American Legion Auxiliary Department of Kentucky

ALA Kentucky Girls State

Policy on ALA Girls State Social Networking and Media Use

The American Legion Auxiliary Department of Kentucky recognizes and supports its ALA Girls State participants' rights to freedom of speech, expression and association, including the use of online social networks. In this context, however, each delegate must remember that participating in the ALA Girls State program is a privilege, not a right. As a delegate, you represent the American Legion Auxiliary and are expected to portray yourself, your school and the Auxiliary in a positive manner at all times. Any online postings must therefore be consistent with federal and state laws, University of the Cumberlands rules, and ALA Girls State rules, regulations and policies (including the Guidelines listed below).

Guidelines

If you participate on a social networking site or use social media, you must keep the following guidelines in mind:

- Everything you post is public information—any text or photo posted online is completely out of your control the moment it is posted—even if you limit access to your site. Information (including pictures, videos, comments and posters) may be accessible even after you remove it.
- Think before you post. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clear-headed. Post only pictures and comments that you would be comfortable sharing with the general public.
- Use caution when adding someone or inviting someone to be a friend (this includes TAL Boys State citizens).
- Limit information about your whereabouts and plans in order to minimize the potential of being stalked, assaulted or the victim of other criminal activity. Post about where you've been, not where you're going.
- What you post may affect your future. Many colleges' admissions officers and employers review social networking sites as part of their overall evaluation of an applicant. Carefully consider how you want people to perceive you before you give them a chance to misinterpret your information (including pictures, videos, comments and posts).
- Similar to comments made in person, you should be respectful online. The American Legion Auxiliary will not tolerate disrespectful comments and behavior online, such as:
 - Derogatory or defamatory language and/or images;
 - Comments that create a serious danger to the safety of another person or that constitute a credible threat of serious physical or emotional injury to another person should be reported immediately to the Director or Chairman;
- Take the high ground. Don't pick fights, or engage in fights, online.
- Respect yourself; respect others; respect the American Legion Auxiliary Kentucky Girls State program.

Monitoring and Consequences

The American Legion Auxiliary reserves the right to have ALA Girls State staff members review and/or monitor delegates' social networking sites and postings.

Any violation of law or of the University of the Cumberlands and American Legion Auxiliary Girls State's rules, regulations or policies, or evidence of such violation in your online content, is subject to investigation and possible immediate censure by the American Legion Auxiliary Girls State staff and/or law enforcement agencies. Internal consequences may include, but are not limited to, notice to remove the content and dismissal from the ALA Girls State program.

As an American Legion Auxiliary Kentucky Girls State participant, I attest that I have read, understand, and agree to abide by this policy:

Signature of Participant

Printed Name of Participant

Signature of Parent/Guardian/Responsible Adult if the above is a minor

Printed Name of Parent/Guardian/Responsible Adult

Date Signed: _____

A signed copy is required prior to participation and a copy retained by the American Legion Auxiliary Kentucky Girls State program.



**American Legion Auxiliary
Kentucky
Girls State**

**KENTUCKY AMERICAN LEGION AUXILIARY GIRLS STATE
MEDICAL CERTIFICATE**

HEALTH HISTORY: To be completed by parent or guardian and presented with the registration to Girls State.
Receipt of this form is mandatory.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PARENT/GUARDIAN _____

Phone Home _____ Work _____ Cell _____

PHYSICIAN'S NAME _____ Phone _____

All medicines brought to Kentucky Girls State must be in their originally labeled containers, and must be listed on the reverse of this form.

PAST ILLNESSES (Please check)

- | | | |
|---|--|--|
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Fainting | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Small Pox |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Hepatitis Type _____ | <input type="checkbox"/> Migraines/Headaches | |
| <input type="checkbox"/> Ear, Nose, and Throat Problems | Describe _____ | |

Illnesses, injuries or hospitalizations within the past 30 days:

Injuries to: Ankle Knee Joint Type _____

Does she wear Glasses Contact Lenses Dental appliances

FOOD ALLERGIES: _____ ALLERGIES _____

In case emergency medical service by a doctor is required and neither parent nor guardian can be contacted, do you hereby consent for the above names girl to be given necessary medical care as needed by the doctor selected by Girls State?

YES _____ NO _____

Signature of Parent/Guardian _____ Date _____

In the event that emergency medical service is necessary, please complete the following and attach a copy of the front and back of your insurance card.

INSURANCE INFORMATION

Medical Insurance Provider Name _____

Provider Mailing Address _____

Policy Identification Number _____

Person to whom policy was issued _____