



Application for The American Legion Auxiliary Little Rhody Girls State Program  
2025 Session to be held June 15th - June 20th 2025  
St. Andrews School, 63 Federal Road, Barrington RI 02806

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(Please type or print all information)

IMPORTANT: This application is not complete without all sections filled in and the necessary signatures obtained.

Address all applications and correspondence to: ALA Little Rhody Girls State, C/O Alishia Levasseur, PO Box 6715, Warwick RI 02889, or by email at [RIAmericanLegionAuxiliary@gmail.com](mailto:RIAmericanLegionAuxiliary@gmail.com)

PART 1: Student / School Information

Full Name: \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Place of birth \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School: \_\_\_\_\_  
School Mailing Address: \_\_\_\_\_  
Grade \_\_\_\_\_ Name of Principal \_\_\_\_\_

Why should you be considered for participation in this year's American Legion Girls State program?

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List School or Class Offices you hold or have held in High School:

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

List activities (clubs/sports) you have participated in High School:

- |          |          |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

College or University you plan on attending:

\_\_\_\_\_

What profession are you currently considering?

\_\_\_\_\_

Do you have any Physical/Mental disabilities we should be aware of?

\_\_\_\_\_

We normally house students two to a room. Keeping this in mind please check all that apply to you:

- \_\_\_\_\_ Extreme early morning riser
- \_\_\_\_\_ Extreme Night Owl
- \_\_\_\_\_ Has medically related housing needs
- \_\_\_\_\_ Open to being in a single room (students are rarely placed in single rooms)
- \_\_\_\_\_ Other or I would rather discuss privately

Please specify shirt size \_\_\_\_\_

END OF PART 1



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**PART 2: CERTIFICATIONS**

Students Name \_\_\_\_\_  
School \_\_\_\_\_

**You should be fully aware of the fact that the American Legion Girls State Program is devoted to functional citizenship training for potential leaders in various communities of our State, and that your admission to the program depends upon your school record, character and qualities of leadership. The American Legion is a Patriotic Organization whose mission is to advocate for Veterans, Educate our Citizens, Mentor Youth, and Promote Patriotism, Good Citizenship, Peace and Security.**

**Do you pledge to cooperate and participate in the activities and to abide by ALL ALA Girls State rules and regulation? (Please read pages entitled "RULES, REGULATIONS AND EXPECTATIONS" prior to signing agreement)**

\_\_\_\_\_ **Printed Name**  
\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

**Principal's Endorsement**

**As Principal of \_\_\_\_\_ School, I recommend the above-mentioned student from our Junior Class be accepted into ALA Little Rhody Girls State because of her character, leadership qualities, and interest in our form of Government.**

\_\_\_\_\_ **Printed Name**  
\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

**END OF PART 2**



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PART 3 : Health Certifications

Note: The health certification below is a required part of this application. Please have it signed by Physician.

To the Director of ALA Little Rhody Girls State:

This is to certify that I have examined \_\_\_\_\_ and find them to be in good physical condition, able to take part in the usual recreational activities and free of contagious diseases.

Please list any

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Physician

END OF PART 3



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PART 4: HEALTH AND CONTACT INFORMATION

EMERGENCY PHONE NUMBERS

CONTACT 1: NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

CONTACT 2: NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

PRIMARY DOCTOR NAME AND PHONE NUMBER:

\_\_\_\_\_

INSURANCE CARRIER AND MEDICAL ID #:

\_\_\_\_\_

MEDICATIONS TAKEN:

\_\_\_\_\_

ALLERGIES (FOOD, AIRBORNE, ENVIRONMENTAL)

\_\_\_\_\_

\_\_\_\_\_

END OF PART 4



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PART 5: RELEASE OF LIABILITY - ST. ANDREWS SCHOOL BARRINGTON

I hereby consent to the participation of \_\_\_\_\_  
In the ALA Little Rhody Girls State Program at St Andrews School in Barrington RI.

I hereby release the sponsors of the ALA Little Rhody Girls State program from any and all liability which may arise due to accident, sickness, or any other cause. It is understood , all participants will be closely supervised, day and night, by adult personnel who are skilled in this area. It is understood all adult personnel have undergone criminal background checks as well as training in youth supervision (SAM).

TRANSPORTATION:

Students are to arrive at 3:00pm on Sunday June 15th 2025 at St Andrews School. The students will gather in designated areas and once checked in will be escorted to their assigned rooms. (It is strongly recommended that students be dropped off by a parent or guardian. Any student who drives themselves to the program will turn car keys into adult personnel to be held until the conclusion of the program on Friday June 20th 2025.)

I understand that transportation to and from St Andrews School on Thursday June 19th for the State House visitation part of the program will be provided by the ALA Girls State committee in conjunction with the TAL Little Rhody Boys State program.

Students will need to be picked up from St Andrews School on Friday June 20th at 12:00pm.  
(same location as drop off)

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

END OF PART 5



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PART 6 PARENT / GUARDIAN CONSENT FORM

**The following parental responsibility statement is to be executed by the parent, stepparent, or legal guardian where participant is a minor under the age of 18.**

**AUTHORIZATION AND RELEASE OF LIABILITY**

**KNOW ALL MEN BY THESE PRESENTS:** That the undersigned gives permission for my minor child, stepchild, or ward, \_\_\_\_\_, to utilize facilities and equipment at St. Andrews accepting fully any liability which might arise from the minor's actions. I further acknowledge that St. Andrews does not provide any liability coverage for the minor against claims, which may arise from use of said facility and equipment. Furthermore, the undersigned, in consideration of the permission extended to my minor by St. Andrews through its officers, agents and employees to use said facility and equipment, do for myself, my heirs, executors, administrators and assigns remise, release, and forever discharge St. Andrews and all of its officers, employees and agents from any and all claims, demands actions or causes of action on account of death, injury or property damage which may occur whether occasioned by the negligence, wrongful acts or omissions of said officers, personnel, agents, employees, or otherwise incurred by reason of said use, and further do indemnify and hold harmless, St. Andrews and all of its officers, employees and agents against any and all claims, demands, actions or causes of action on account of death, injury or property damage which may occur whether occasioned by the negligence, wrongful acts omissions of said officers, personnel, agents, employees, or otherwise incurred by reason of said use.

In case of accident or illness, permission is hereby granted to St. Andrews, operating through its officers, agents and employees, to authorize such medical treatment or hospitalization as may be required as a result of the use of the facility and equipment at no cost to St Andrews School, its officers, agents and employees.

I further agree that I will require said minor to abide and strictly adhere to all rules and regulations concerning the use of said facility equipment.

\_\_\_\_\_ SIGNATURE OF PARENT/STEEPARENT/GUARDIAN DATE \_\_\_\_\_

\_\_\_\_\_ PRINTED NAME OF PARENT/STEEPARENT/GUARDIAN

**END OF APPLICATION**



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## American Legion Auxiliary (ALA) LITTLE RHODY GIRLS STATE RULES, REGULATIONS AND EXPECTATIONS

### Packing List:

- Personal Hygiene Needs (deodorant, toothbrush, toothpaste, shampoo, conditioner)
- Any **Prescribed** Medications
- Clothes (*no holes, no profanity, Skirts/Dress/Dress Pants and blouse for State House visit*)(Shirts will be provided for assemblies) (*khaki pants are recommended*)(Shorts/skirts/dresses must be knee length)
- Gym Clothes We will have gym (PT) daily
- Laptop Will be used daily, If you do not have a laptop we will assist
- Paper and Writing tools
- Sneakers ( for Gym) Shoes for daily wear **NO FLIP FLOPS DURING PROGRAM HOURS**
- Linens and towels ( pillows, sheets, blanket )

### RULES

1. No Citizen will be allowed to leave any of the session except with permission of a counselor or Chairman/sign out sheet will be signed. (See Rule #12)
2. Citizens will always stay with the group or with a counselor. Citizens seen away from the group without a counselor will be dismissed from the sessions.
3. When dining in the cafeteria, please sit together. Girls State Citizens with Girls State Group and Girls State Citizens with Girls State Group. Wear your assigned shirt when in the cafeteria. No sandals, no flip flops in the cafeteria. (Flip flops only in the shower area.) You must wear shoes in the sessions and dining area.
4. Please consult your program regarding time and place you are to be; a copy of the program/agenda will be provided. Make sure all medications and required materials are in your possession for the day before leaving dorms for session.
5. There will be **NO** visitors allowed other than the day of Graduation. A Parent or Guardian must pick up the Citizen directly following close of the Graduation Ceremony.
6. Assigned shirts **MUST** be worn on Campus. (Exception: GYM)





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7. There will be NO SMOKING and NO Alcoholic beverage or controlled substances on Campus.
8. Secure ALL personal items in rooms. Citizens are responsible for personal items and valuables.
9. No chewing gum in Senate Sessions.
10. No Cell Phones in Senate Sessions. Misuse of cell phones will result in cell phones being left in secured rooms.
11. Lights OUT at 11:00 PM
12. No Citizen will be allowed to leave the campus without a parent or guardian signing a consent form. Leaving a session will result in giving up your chance at ALA Girls / ALA Girls Nation, as well as being sent home without credit of attendance. All sessions/activities must be attended.
13. Please RISE when a guest is presented to the Senate Sessions.
14. ALL CITIZENS MUST ABIDE BY ALL RULES AND REQUISITIONS OR WILL BE ASKED TO LEAVE.
15. NO bullying or verbal abuse. No bullying or abuse via cell phone (Texting, Facebook, or twitter or any other social media platform.) All Citizens guilty of these abuses will be subject to dismissal.
17. If you have questions, please consult your counselor or Girls State Director
18. IF YOU ARE DRIVING YOURSELF TO PROGRAM KEYS ARE TO BE LEFT WITH ADULT PERSONNEL AND WILL BE RETURNED UPON DISMISSAL FRIDAY
19. ANYONE CAUGHT ACTING OUT OF THE ALA Girls STATE GUIDELINES WILL HAVE PARENTS CALLED AND YOU WILL BE SENT HOME FROM THE PROGRAM WITHOUT CREDIT OF ATTENDANCE



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## EXPECTATIONS

The American Legion is a Patriotic organization. As such, we will be raising the American Flag every morning and retiring the American Flag every night. All participants will learn Flag Etiquette.

The Pledge of Allegiance will be performed daily. All senate sessions will be opened and closed with a non denominational prayer.