



The Girls of Virtue Mission: is to encourage our young girls to grow into strong, influential yet graceful and respectable, educated women! This program will give them an opportunity and the environment to obtain the skills needed to become a woman of virtue!

The Girls of Virtue Vision: To provide this type of program to as many girls possible. We hope to one day develop our own recreation center to house this program that will welcome girls throughout all communities!

It is our hope that you will come out and join us each month with an open-mind and ready to have fun!

Each month we will get together for a day of fun, laughter, learning and encouragement. There will be a different activity scheduled to help you become that strong young woman!

- Slumber parties
- Shopping trips
- Book Club
- Fund Raisers
- Grooming/Hygiene/Beauty tips
- Dating tips
- Confidence Building
- Other Field Trips: museums, aquariums, parks...etc
- Volunteer Work

The skills you take from this program will enable you to be all that God wants you to be! We invite all girls ages 12-18 to come out and join us!

Just follow the instructions in this packet and you are on your way!!

Enrollment: Please fill out and sign the enclosed forms completely and return them to a GOV board member. Once all forms are completed and turned in you will be issued a calendar of events. You will then have access to all resources provided through the GOV program.

Attendance: It is asked that you participate in as many events as possible in order to fully benefit from what this program has to offer! It is **required** that you participate in a minimum of 20 community service hours per year.

Registration Fee: The registration fee is \$25. This fee is to be turned in with your enrollment forms.

Girls of Virtue Meetings: We meet on the 2nd Saturday of each month, unless stated otherwise. It is strongly encourage you attend! We don't want you to miss anything!

If you are interested in becoming a Girls of Virtue please fill out the attached enrollment form and return it to a current Girls of Virtue board member or mail to: Girls of Virtue P.O. Box 541418 Grand Prairie, TX 75054-1418



General Information			
Name			
Street Address			
City ST ZIP Code			
Home Phone			
Date of Birth		Age	
Girls & Parent's E-Mail Address			

Emergency Contact Information			
Mother/Guardian Name:		Telephone:	
Occupation:		Work Phone:	
Father/Guardian Name:		Telephone:	
Occupation:		Work Phone:	

Does your child have any allergies? Yes No

Please List _____

Your child's swimming ability: { None
 { Beginner
 { Intermediate
 { Advanced

Extracurricular Activities and Special Skills

Summarize extracurricular activities you participate in and special skills you have acquired from school, previous volunteer work, or through other activities, including hobbies or sports.



Tell us more

Please answer the following questions on the attached paper.

1. What do you think are your best qualities? What do you think is your worst quality?
2. If tomorrow you suddenly moved to a place where no one knew you, are there ways in which you'd like to be different? How?
3. Tell us about a time when someone turned out to be different than you expected.
4. Tell us about a dream you have for yourself.
5. What is something you think many people don't know about you and would be surprised to learn?
6. What three changes would you like to work towards in your school and/or community?
7. How could a group of young people help make one or more of these changes happen?
8. Do you think it's important for girls from different social groups to connect? Why (not)?
9. What makes you unique? What will you bring to the group that no one else can?
10. How are you a leader in your life?
11. Do you have goals for the future (or plans for life after high school)? What are they?
12. What do you do in your free time?
13. Who is someone you admire? Why do you admire them?

Agreement and Signature

By submitting this enrollment form, I agree that the facts set forth in it are true and complete. I understand that as a member of the Girls of Virtue my photo may be use for the website and marketing purpose.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____



Code of Conduct

A **Girl of Virtue** is one who conforms her life to moral and ethical excellence.

The following rules are to be followed by all Girls of Virtue members during all activities.

1. Respect yourself and peers, to include conversation and actions at all times.
2. All affiliates are expected to represent Girls of Virtue in a matter that displays integrity.
3. Embrace educational opportunities and apply them daily.

Signature: _____





Date: _____

* Due to the nature of our organization, it is imperative that every member adhere to all guidelines set forth by the Girls of Virtue.



Travel Authorization and Medical Consent

_____ has my permission to travel under the supervision of Girls of Virtue Leadership Team. I am aware that the above named child is expected to attend:

-  Monthly meetings
-  Workshops
-  Community service
-  Social outings

Waiver of Liability

In consideration of your accepting this entry, for the Girls of Virtue program, thereby for myself, my heirs, executor assigns and personal; representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against Girls of Virtue, its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program. Girls of Virtue will not be responsible for the loss or theft of personal items.

Parent or Legal Guardian Signature

Date

Home Phone

Emergency Phone

Consent to Medical Care and Treatment of a Minor

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named son/daughter if we cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

Date

_____ am pm
Time

Parent or Legal Guardian Signature



Photo/Video Release

I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photo/video tapes taken, without recompense during Girls of Virtue activities and used for publicity purposes.

Parent /Legal Guardian Signature

Date



Prescription Medicine Authorization

Parent/Legal Guardian Name: _____

Home Address: _____

Work Phone: _____

Emergency Phone: _____

I give permission for the Girls of Virtue staff to administer _____ medication to my child at the time indicated below.

Dosage: _____ Time: _____

In consideration for dispensing medication for the Girls of Virtue members, thereby, for myself, my heirs, executor assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown or unknown, against the Girls of Virtue, its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program.

Parent/ Legal Guardian Signature. Date: _____