

# *Sigma Gamma Rho Sorority, Inc.*

## *Iota Sigma Alumnae Chapter*



### *Rhoer Club*



### *Rhoer Club General Information*

#### *WHAT IS THE RHOER CLUB?*

The Rhoer Club is an affiliate of Sigma Gamma Rho Sorority, Inc. consisting of high school aged girls with high scholastic ambitions.

#### *WHAT DO YOU DO IN THE RHOER CLUB?*

The program consists of training and guidance in the areas of education, civics, the fine arts and social graces.

#### *WHAT ARE THE GOALS OF THE RHOER CLUB?*

- ❖ The goals of the program are: to train and guide young women for leadership and exceptional womanhood which will enable them to make valuable contributions to society, both in their chosen fields of endeavors and in service to fellow humans.
- ❖ The Rhoer Club seeks to inspire, encourage and challenge young women to make the most of themselves in terms of their talents for vocations. The Sorority strives to help them develop broad and wholesome attitudes toward life and society.

#### *WHAT DO YOU DO AFTER YOU REACH YOUR SENIOR YEAR OF HIGH SCHOOL?*

The Rhoer Club encourages the young women to seek higher education. If the young lady pursues a four-year college degree education, the young lady is encouraged to join the Sorority. If the young lady chooses a vocational training program, then the young lady is encouraged to join the Sorority's adult affiliate called the Philos.

#### *ARE THERE ANY FUN SESSIONS?*

Yes, there is plenty of fun scheduled. Bowling, TV parties, Big Sister Get together, Campus Tours, Step Shows, and Movie Nights of course eat and hang out!

#### *WHERE CAN I FIND OUT MORE ABOUT THE RHOER CLUB?*

Please contact the Iota Sigma Chapter Rhoer Club Advisor at: 804-426-6169

## Rhoer Club History

The purpose of the Rhoer Club is to provide a positive experience for young women ages 13 to 19 in leadership development, academic counseling, personal counseling, mentoring, community service, and rites of passage.

The Rhoer Club became an affiliate group of Sigma Gamma Rho Sorority, Inc. in December 1939 in New York City at the 14<sup>th</sup> International Boule. The first Rhoer Club was organized in 1940 by the Alpha Eta chapter of Sigma Gamma Rho Sorority, Inc. Traditionally, this affiliate group was comprised of high school girls called Rho's (later called Rhoers) who participated in many of the activities of the sorority as well as special youth development programs designed by the Sorority.

In August 1954, at the 23<sup>rd</sup> International Boule in Memphis Tennessee, the Sigma Week, Youth Forum, and Personal Relations committees convened and suggested that each chapter sponsor a Rhoer Club.

The mission of the Rhoer Club is to foster academic excellence and community service while building the bonds of sisterhood.

In 1996, believing that the community's most "valuable resource is the youth", Emily Gunter, Sorority member, teacher, motivational speaker, and author coordinated the Sorority's Rites of Passage Program at the various regional conferences.

Rhoer Clubs offer girls a positive experience designed to train girls to be leaders and to teach them the values of self-respect and responsibility. Rhoer Clubs offer girls the opportunity to build their self esteem, learn about their heritage, make new friends and develop the skills needed to be personally and academically successful. Leadership, Community Service and Scholarship are the hallmarks of the activity of the Rhoer Club.

Rhoers are organized on local, regional and national levels. Local clubs are advised by graduate chapters of Sigma Gamma Rho Sorority, Inc. Today, there are currently thousands of Rhoers across the country working together as sisters fulfilling the Rhoer Clubs mission.

## Rhoer Event Calendar

**Ter-Rhobic Thanksgiving  
Youth Symposium  
Sigma Debutante Ball**



Dear Parent,

Thank you for allowing your daughter to attend our informational meeting and/or showing interest in our Rhoer Club. At the meeting, we distributed an application for membership into the Iota Sigma chapter Rhoer Club of Sigma Gamma Rho Sorority, Inc. The Rhoer Club is an affiliate organization, which provides educational, vocational, civic, social and cultural experiences by the sorority.

I have enclosed a supplemental application for membership.

To be eligible for membership in the Rhoer Club of Sigma Gamma Rho Sorority, Inc., a young lady must present: **(1)** at least one letter of recommendation from her clergy, school counselor, teacher or a person from the community **(2)** submit a letter of interest, or personal essay **(3)** show evidence of high academic standards, Rhoers must possess a 2.5 grade point average **(4)** submit an application, **(5)** complete an interview **(6)** exhibit high standards of character and conduct, **(7)** be willing to participate in Rhoer sponsored activities, and **(8)** be willing to follow all rules and regulations of the Rhoer Club.

The induction fee for joining the Rhoer Club is \$20.00 for new Rhoers and \$3.00 for returning Rhoers. Please make **money orders** payable to Sigma Gamma Rho Sorority, Inc. The induction fee includes a certificate, pin, and handbook.

Please submit the application, recommendation letter, letter of interest and fees to the Sigma Gamma Rho Sorority, Inc. Iota Sigma Chapter **Rhoer Advisor** as soon as possible at **P.O. Box 26274, Richmond, VA 23260.**

If you have any questions, please do not hesitate to call Shauna Murrell at 804-426-6169 or Tina Robinson at 804-683-5158, or you may reach the advisor by e-mail at **rhoemodel@yahoo.com**. Thank you for your interest and we look forward and hope to see you in our Rhoer Club.

Sincerely,

Shauna Murrell and Tina Robinson  
Rhoers Club Co-Advisors  
Sigma Gamma Rho Sorority, Inc.  
Iota Sigma Alumnae Chapter



Sigma Gamma Rho Sorority, Inc.  
Northeast Region



Rhoer Club Membership Application

(Please print or type legibly)

NAME: \_\_\_\_\_  
(First) (Middle initial) (Last)

ADDRESS: \_\_\_\_\_  
(Number & Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_  
(School ID)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

GRADE: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_

HONORS/AWARDS: \_\_\_\_\_  
\_\_\_\_\_

HOBBIES: \_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Sigma Gamma Rho Sorority, Inc. Northeast Region



Rhoer Club Membership Application

(Please print or type legibly)

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (Apt. #)

(City)

(State)

(Zip Code)

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Sponsoring Chapter/Advisor Date

CHAPTER: Iota Sigma Alumnae Chapter Richmond, Virginia

## Additional Rhoer Information

To be completed by Parent or Legal Guardian  
(Please print or type legibly)

Please furnish the following information to enable the sponsoring chapter to contact a responsible person in case of emergency.

Parent/Guardian: \_\_\_\_\_  
(First) (Middle initial) (Last)

Address: \_\_\_\_\_  
(Number & Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Name and phone number of two local responsible adults other than the above.**

1. \_\_\_\_\_  
(Name) (Relationship)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Phone Number)

2. \_\_\_\_\_  
(Name) (Relationship)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Phone Number)

### Physician to be called in case of emergency

\_\_\_\_\_  
(Physician) (Phone Number)  
(Insurance & Policy Number) \_\_\_\_\_

If none of the above can be contacted, I give my permission for the Chapter to have my child transported by ambulance to a local hospital for treatment purposes if necessary.

<b>Vision:</b>		<b>Seizures:</b> Yes No	<b>Date of last seizure:</b> _____
Rhoer wears glasses:	Yes No		
Contact Lenses:	Yes No	<b>Asthma:</b> Yes No	<b>Diabetes:</b> Yes No
For reading only:	Yes No		

**Hearing:** Rhoer has hearing loss: Yes No  
Rhoer wears a hearing aid: Yes No

**Allergies:** Yes No \_\_\_\_\_  
(Please list any known allergies)

**Medications:** \_\_\_\_\_ **Physical Limitations:** \_\_\_\_\_

**Other Medical Problems:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sigma Gamma Rho Sorority, Inc.**  
**Iota Sigma Alumnae Chapter**  
**PARENT PERMISSION FORM FOR INTERNET/WEB SITE PLACEMENT**

Dear Parent,

Sigma Gamma Rho Sorority, Inc. Iota Sigma Chapter is on the Internet at:

<http://www.sgrhoiotasigma.org>

We have a web site on the World Wide Web. The purpose of this web site is to inform people about our sorority, our chapter and to share pictures and work created by sorority members, Rhoers and Philos.

From time to time, we highlight photos, writing or art work on our chapter web site. Because this document can be seen by people all over the world, there is a specific permission form. For security reasons, only first names will be used. If you would like to give permission for your child's photo, writing, or art work to be published to our web site, please sign and return the permission slip below.

If you have any questions, please contact Iota Sigma's Rhoer Advisor Ms. Tameka Winston at 1-877-881-6082.

Thank you.

Racquel Dozier  
Basileus  
Iota Sigma Chapter

Sigma Gamma Rho Sorority, Inc. Iota Sigma Alumnae Chapter Web Site Permission Slip

I give my permission for my child's:

Photo

Writing

Art Work

to be included on the web site for Sigma Gamma Rho Sorority, Inc. Iota Sigma Chapter. I understand that this document is located on the World Wide Web (WWW) and can be seen throughout the world by people with access to the WWW through the Internet. For security reasons, only my child's first name will be used.

Rhoer Name \_\_\_\_\_

Rhoer Advisor \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Sigma Gamma Rho Sorority, Inc.**  
**Iota Sigma Alumnae Chapter**  
**PARENT PERMISSION FORM FOR FIELD TRIPS, STUDY-TRAVEL ACTIVITIES**  
**AND TRANSPORTATION FOR SORORITY ACTIVITIES**

I/We, the parents/guardians of the Rhoer named below, understand the nature of the trip being planned to:

\_\_\_\_\_ on \_\_\_\_\_  
(Date)

Time: Leave: \_\_\_\_\_ Return: \_\_\_\_\_ We understand that transportation will be

Provided by: \_\_\_\_\_ at a cost of \$ \_\_\_\_\_:  
(Mode of transportation)

and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, sorority-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising member(s) (including volunteers). We further agree to release and hold harmless Sigma Gamma Rho Sorority, Inc., Iota Sigma Alumnae Chapter, their international board, local officers, members, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the participant and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising member(s) (including volunteers) to attend to my daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising member(s) (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. If the participant requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on record with the Rhoer Advisor.

In the event that a participant must return home independently for reasons of health, accident, failure to conform to rules established by the member in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Participant Name \_\_\_\_\_  
(Please print)

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signed)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_