

# Michigan HOSA State Officer Candidate Application

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Chapter \_\_\_\_\_ Michigan HOSA Region \_\_\_\_\_

Advisor \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please rank in order your preference as to which office you would like to run for:  
(1-being most desired and 8-being least desired)

**\*\*President-Elect (2 Year Term)** \_\_\_\_\_

Post-Sec VP \_\_\_\_\_

Treasurer \_\_\_\_\_

Reporter \_\_\_\_\_

Parliamentarian \_\_\_\_\_

Historian \_\_\_\_\_

Secretary \_\_\_\_\_

*\*\*President-Elect will serve as President-Elect the first year and President the next*

Cumulative GPA \_\_\_\_\_ Last Grade in Health Science \_\_\_\_\_

(Base grade point average 4.0=A, 3.0=B, 2.0=C, 1.0=D)

Grade level at time of election (Ex: Junior, Senior) \_\_\_\_\_

## Clothing Information

HOSA Blazer Size: \_\_\_\_\_

**Males** – Pants - Waist \_\_\_\_\_ Inseam \_\_\_\_\_ T-shirt \_\_\_\_\_

Dress Shirt – Collar \_\_\_\_\_ Sleeve Length \_\_\_\_\_

**Females** – Dress - Size \_\_\_\_\_ Blouse Size \_\_\_\_\_ Skirt Size \_\_\_\_\_ Height \_\_\_\_\_

Women's T-shirt Size \_\_\_\_\_ Men's T-shirt Size \_\_\_\_\_

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1. Please describe your work experience and career interests.

2. Please describe participation and leadership in HOSA activities. (*Include participation in state and local HOSA activities*)

3. Please describe participation and leadership in any other school, community, social, or church related activities or organizations.

4. Why do you want to be a State Officer?

5. Please describe your best personal characteristic(s).

6. Generally, what do you feel is the major role of a HOSA State Officer?

7. In addition to being a HOSA State Officer, what other activities do you plan on being involved in?

8. How much time do you think it will take to be a state officer? How much time are you willing to devote to being a state officer?

Michigan HOSA State Officer Candidate Application Candidate: \_\_\_\_\_  
Page 4

**Please print or type the answer to the following essay question using 300 words or less.**

You are at the airport, about to depart for the HOSA National Leadership Conference, when you are approached by a couple that asks, "What is HOSA?" How would you respond?

## Statement of Support

\_\_\_\_\_ wishes to apply to run for a Michigan HOSA State Office.  
*Name of Candidate*

The candidate's success is closely related to the support he or she receives from his or her family, chapter and school officials. Please indicate your approval and support of him/her pursuing the goal to be an effective state officer.

**"I am in support of this candidate becoming an elected state officer of Michigan HOSA. I will do whatever I can to support and encourage him/her. To the best of my knowledge, all information provided in the application is up-to-date and correct."**

\_\_\_\_\_  
Signature of Parent(s) Date

\_\_\_\_\_  
Signature of Chapter Advisor Date

\_\_\_\_\_  
Signature of Principal Date

\_\_\_\_\_  
Signature of School Counselor Date

\_\_\_\_\_  
Signature of Employer Date

\_\_\_\_\_  
Signature of a Chapter Officer Date

### **Acceptance of Candidate's Acceptance of Responsibility**

I recognize that the following obligations are a part of an officer's responsibilities. I plan to perform to the best of my abilities these and any other duties of the office to which I may be elected. Initial each item.

- \_\_\_\_\_ 1. To become knowledgeable about the state and national HOSA program of activities, and to be able to discuss it with chapter officers and other interested parties.
- \_\_\_\_\_ 2. Observe standards of official dress, exemplary personal conduct, and personal grooming while representing HOSA.
- \_\_\_\_\_ 3. Full attendance and participation in the meetings of the HOSA state officers. I will resign my office if I am unable to attend required training workshops.
- \_\_\_\_\_ 4. Speaking at local HOSA functions upon the invitation of the local chapter.
- \_\_\_\_\_ 5. Attendance and participation at Officer Training and the State Leadership Conference required. Attendance at the HOSA National Leadership Conference is optional.
- \_\_\_\_\_ 6. Careful preparations for fulfilling responsibilities for HOSA activities in which I am involved.
- \_\_\_\_\_ 7. Notification to the HOSA staff of all invitations for representation of HOSA.
- \_\_\_\_\_ 8. Responsible and timely reporting of activities conducted as a representative of the HOSA association.
- \_\_\_\_\_ 9. Development of State Officer Program of Work in cooperation with the State Officer Team and state director.
- \_\_\_\_\_ 10. Follow all guidelines to be an effective state officer as presented at training.
- \_\_\_\_\_ 11. Fulfill all responsibilities as spelled out in the State Officer Guidebook.
- \_\_\_\_\_ 12. Abide by the State Officer Code of Conduct from the time that I am a candidate through my term of office. I will resign my office if I fail to follow the state Officer Code of Conduct.

\_\_\_\_\_  
Officer Candidate

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Local Chapter Advisor

\_\_\_\_\_  
Date

## Michigan HOSA State Officer Code of Conduct

1. I shall not possess or consume any alcoholic beverages or illegal controlled substances of any kind or in any form.
2. I shall follow established curfew. Curfew means I am quiet and in my own room unless I am conducting official business at the instruction of the state HOSA Staff.
3. Official conferences and activities begin when I leave home for the event and when I return home. Therefore this code is in effect throughout this entire period of time.
4. I will always conduct myself in a professional manner as a representative of HOSA.
5. I shall apply appropriate leadership principles at all times. These include, but are not limited to the following: consensus building, compromising, listening, respecting and other people's opinions and possessions, democratic styles rather than dictator styles, maintaining enthusiasm and involvement, and conflict resolution through open communications.
6. I shall refrain from the use of tobacco in any form while representing HOSA.
7. I shall wear appropriate dress at all official functions. Denim jeans, skirts or dresses are not professional dress. Denim and jean-like apparel may be appropriate at dances and leisure activities if approved by Michigan HOSA Staff, but not during any other official sessions or meetings.
8. I shall remove myself from all situations that could compromise my professional image.
9. I shall refrain from dating fellow state HOSA officers while I am in office. I shall refrain from dating anyone while at a Michigan HOSA activity.
10. I shall not deface public property. I will be responsible for any damages caused to rooms or facilities I am responsible for.
11. I shall keep the Michigan HOSA staff informed of my whereabouts and activities at all times, where the activities are an official function of my office, or while I am in their charge.
12. I shall be prompt and prepared at all times.
13. I shall carry out my duties and responsibilities to the best of my abilities.
14. I shall attend all official conference activities, unless I receive prior approval from Michigan HOSA staff to be absent. If I am unable to participate in all required State Officer meetings, I will resign my office. Special permission must be received from the state director to be Excused from required meetings.
15. I shall keep my local chapter advisor informed of all official correspondence. I shall forward a copy of all official correspondence written by me to the state office in accordance with policies as stated in the State Officer Handbook.
16. I will abide my Michigan HOSA's Delegate Code of Conduct in addition to the Michigan HOSA State Officer Code of Conduct, from the time that I am a candidate through my term of office.
17. I shall follow my local school policies where they are more restrictive than the state policies and guidelines.
18. I shall not be engaged in inappropriate or illicit behavior.
19. I am responsible for reporting any violations of this code of conduct committed by myself or by fellow officers.
20. If other situations arise that are not covered by the Code of Conduct for Michigan HOSA State Officers, I shall use my best judgment in the situation. Above all I will try to act in such a way that I will reflect positively on the Michigan Association of HOSA.

***“I agree to follow the Michigan HOSA State Officer Code of Conduct from the time that I am a candidate through my term of office. I will resign my office if I fail to follow this code.”***

\_\_\_\_\_  
Officer Candidate

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Chapter Advisor

\_\_\_\_\_  
Date

## Statement of Responsibility

**The following statement must be *hand-copied* below, by the State Officer Candidate. Re-typing it is not acceptable.**

*“If elected, I will attend and participate in all meetings (including, but not limited to, state officer meetings, state officer training, the State Leadership Conference, and at least the minimum number of Regional Conferences) as called by the State Officer guidelines and the State Director. I fully understand the responsibilities and obligations of the position I seek and, if elected, will carry them out to the very best of my ability. I further understand that if, in the opinion of the majority of the State Director or the State Action Team, I fail to fulfill my responsibilities and obligations of office, and/or I violate the Michigan HOSA Code of Conduct, or the State Officer Code of Conduct from the time that I am a candidate through my term of office, I can be removed from office. Should I fail to complete the duties of my office, I will be liable to return to HOSA the amount of money expended for my participation during my term in office.”*

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Candidate's Signature Date

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Advisor's Signature Date

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Parent/Guardian's Signature Date

**Student Member Release Form**  
*For Michigan HOSA State Officers*

Name of Student \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ H.S. Phone \_\_\_\_\_

Chapter Advisor \_\_\_\_\_ H.S. Fax \_\_\_\_\_

This is to certify that \_\_\_\_\_ has my permission to attend HOSA activities from April 18, 2008 – May 1, 2009. On behalf of the above-named student member, I hereby absolve and release the school officials, the HOSA chapter advisors, Michigan HOSA, the host state, and/or the HOSA conference staff from any claims for personal injuries which might be sustained while he/she is en route to and from or during such HOSA sponsored activities providing that this agreement shall not apply to any injury arising out of sole negligence of the preceding parties.

I authorize the above named advisor(s), the Michigan HOSA State Director and/or his designee to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness, and I will provide the payment of these costs.

We have read and agree to abide by the supplied Michigan HOSA Code of Conduct (in the Michigan HOSA Guide) and the State Officer Code of Conduct. Should a Code of Conduct violation occur, law enforcement personnel and/or security may be called to assist, with the ultimate punishment of being sent home at the student's or chapter's expense and/or being removed from office. Reasonable care shall be exercised to ensure the safest, most expedient, and financially feasible mode of transportation back to the home community of the student involved. I am aware of the consequences that will result from violation of any of the guidelines.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Chapter Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED MEDICAL INFORMATION**

Known allergies (drug or natural) \_\_\_\_\_

Special Medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever \_\_\_\_\_

Physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

## Recommendation for State Officer Candidate

**To be completed by three (3) adults. Recommendations may not be provided by parents, relatives or classmates. Photocopy this form as necessary. Submit this as the last three pages of the State Officer Candidate Application.**

Candidate's Name \_\_\_\_\_ School \_\_\_\_\_

Recommended by \_\_\_\_\_ Relationship \_\_\_\_\_

Check each characteristic as follows: VG: Very Good; G: Good; F: Fair; NI: No Information; NA: Not Applicable

	VG	G	F	NI	NA
<b>Dependability</b> - prompt, sincere, consistent, truthful follows directions	_____	_____	_____	_____	_____
<b>Leadership</b> - assertive, able to inspire others, listens, uses good judgment	_____	_____	_____	_____	_____
<b>Industrious</b> - persistent, good work habits, makes good use of time, hard working	_____	_____	_____	_____	_____
<b>Mental Alertness</b> - attentive, interested, eager to learn	_____	_____	_____	_____	_____
<b>Initiative</b> - accepts responsibility, able to work without supervision, works at a steady pace, starts work without instruction	_____	_____	_____	_____	_____
<b>Ability to Get Along With Others</b> - adaptable, friendly, tactful, respectful of others, sense of humor	_____	_____	_____	_____	_____
<b>Personal Appearance and Grooming</b>	_____	_____	_____	_____	_____
<b>Attitude</b> - positive, honest, practices self-discipline, enthusiastic, motivated	_____	_____	_____	_____	_____

**Remarks:** *Use the back of this form if necessary.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position