

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 International Leadership Conference is not-required.
- \_\_\_\_\_ 6. Notification to the HOSA staff of all invitations for representation of HOSA.
- \_\_\_\_\_ 7. Responsible and timely reporting of activities conducted as a representative of the HOSA association.
- \_\_\_\_\_ 8. Development of State Officer Program of Work in cooperation with the state officer team and state director.
- \_\_\_\_\_ 9. Fulfill all responsibilities as spelled out in the State Officer Guidebook.
- \_\_\_\_\_ 10. 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 whether attending a HOSA or non-HOSA event. Failure to follow this rule may result in the automatic termination of my position.
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 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

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, 2024 – June 30, 2025. 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 in 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 # \_\_\_\_\_