

MN HOSA State Officer Candidate Packet



Instructions:

- Complete all forms with correct information and signatures
- ***Include a picture of candidate (via e-mail)***
- Return all forms and letters by October 30, 2012
- Candidate Interviews will be held November 8th, 2012 at the Holiday Inn EAST.
- Candidate speeches and Voting will be November 8th 2012 at the Holiday Inn EAST in St. Paul, MN
- Installation of Officers will be Thursday, November 9th at Fall Conference
- State Officer training will be held in St. Cloud in December(Date TBD)



Minnesota HOSA

State Officer Candidate Application

Read the following pages of information very carefully. If you have any questions, please call your State Advisor, Candy Leopold, at 612-590-4808.

Fill out the attached application and make copies for your records. Send the original and other required forms to Ms. Leopold by published deadline.

ALL HOSA State officer candidates and elected state officers:

- Must be an active member of their local HOSA chapter
- Must have the approval of their local advisor and school officials

Candidate items MUST be included as a part of the officer application and postmarked by published deadline.

Name _____ Cell Phone: _____

Chapter _____ School _____

Advisor _____ Home Phone Number _____

Home Address _____

City _____ Zip code _____

Email Address _____ Date of Birth _____

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

**** President- Elect (2-year term- Sophomore or Junior) _____**

Secondary VP _____ Reporter (Public Relations) _____ Secretary _____

South Region VP _____ North Region VP _____ West Region VP _____ East Region VP _____

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

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

How many years have you been in your Health Science/program? _____

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

Clothing Information

Female / Males: Shirt size: _____ Sweatshirt size: _____

Minnesota HOSA State Officer Candidate Application- Candidate: _____

1. What experiences have you had with health care? (Work, family, self) Do not mention any individuals by name.

2. Please describe your healthcare career interests.

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

Minnesota HOSA State Officer Candidate Application Candidate: _____

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?(Weekends & School days)

9. If asking teachers and classmates what do they think they would say about your ability to get along with others?

10. Things we would like to accomplish this year are to have HOSA in all schools and to have all members be a part of the Medical Reserve Corps. What kind of plan do you think would be a successful idea or activity that would help schools to see the benefits of HOSA in their classroom? (Separate page may be added)

Please print (legibly) or type the answer to the following essay questions 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 can you tell me about HOSA?”** How would you reply?



Statement of Support

_____ wishes to apply to run for a Minnesota 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 or Minnesota 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."

MN HOSA HOSA

STATE OFFICER CANDIDATE FORM

Serving as a MN HOSA State Officer demands a commitment to the organization. Therefore, it is vital that all members who aspire to become HOSA officers are highly qualified, able and willing to assume the responsibilities required of all HOSA Officers.

Read carefully and study the statement below before submitting this form to the HOSA State Advisor. After discussing the responsibilities of a HOSA officer with parent or guardian, the local chapter advisor, and school administrators, the officer candidate should submit this form along with other required materials to the HOSA State Advisor.

CANDIDATE STATEMENT

If elected as a HOSA State Officer, I will dedicate my year to serving the organization, will serve my entire term of office, will promote the goals and objectives of HOSA, will project a desirable image of HOSA at ALL times, and will abide by the policies of my state organization.

Candidate Signature _____

LOCAL ADVISOR STATEMENT

It is my belief that this candidate will fulfill the responsibilities of a HOSA State Officer with planning and participating in HOSA events and speak with schools and industry about the word of HOSA. **I can highly recommend this applicant.**

Local Advisor Signature _____

STATEMENT OF SUPPORT

I approve of my son/daughter applying for a HOSA office and if elected, agree that he or she will be able to spend the time, purchase the uniform and provide the transportation to carry out the duties of a HOSA State Officer.

Parent/Guardian Signature _____

SCHOOL SUPPORT

This school will support _____ in successful fulfillment of ALL duties of a HOSA State Officer.

Principal Signature _____ Date _____

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/events of the HOSA state officers. ***I will resign my office if I am unable to attend required training workshops. (State Officer Training MANDATORY)***

___4. **Will speak at local HOSA functions** upon 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 state HOSA** of all invitations for representations 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 Advisor.

___10. **Follow the guidelines** to be an effective state officer as presented at training.

___11. **Fulfill all guidelines** to be an effective states officer as presented at training.

___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

Minnesota 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 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 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 at all times. These include, but 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, 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 Minnesota HOSA Staff, but not during any other official sessions or meetings.
8. I shall remove myself from all situations, which might compromise my professional image.
9. I shall not deface public property. I will be responsible for any damages caused to rooms or facilities I am responsible for.
10. I shall keep Minnesota 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.
11. I shall be prompt and prepared at all times.
12. I shall carry out my duties and responsibilities to the best of my abilities.
13. **I shall attend all official conference activities**, unless I receive prior approval from Minnesota 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 advisor to be excused from required meetings.
14. I shall keep my local chapter advisor informed of all official correspondence. I shall forward a copy of official correspondence written by me to the State Advisor.
15. I will abide by Minnesota HOSA's Delegate Code of Conduct in addition to the Minnesota HOSA State Officer Code of Conduct, from the time that I am a candidate through my term of office.
16. I shall follow my local school policies where they are more restrictive than the state policies and guidelines.
17. I shall not be engaged in inappropriate or illicit behavior.
18. I am responsible for reporting any violations of this code of conduct committed by myself or by fellow officers.
19. If any other situations arise that are not covered by the Code of Conduct for Minnesota 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 Minnesota Association of HOSA.

"I agree to follow the Minnesota 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 this code."

Officer Candidate

Parent or Guardian

Chapter Advisor

Date

Minnesota HOSA State Officer Candidate Application Candidate: _____

State of Responsibility

The following statement below **MUST be hand-copied** 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 one of the regional Midwinter Conferences) as called by the State Officer guidelines and the State Advisor. I fully understand the responsibilities and obligations of the position I seek and, if elected, will carry them out to the best of my ability. I further understand that if, in the opinion of the majority of the State Advisor or the State Officer team, I fail to fulfill my responsibilities and obligations of office, and/or I violate the Minnesota HOSA Code of Conduct, of 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 the amount of money expended for my participation during my term in office.**"

Candidate's Signature

Date

Advisor's Signature

Date

Parent/Guardian's Signature

Date

Minnesota HOSA State Officer Candidate Application Candidate: _____

Student Member Release Form
For Minnesota HOSA State Officers

Name of Student _____ Parent's Names _____

Home Address _____ Phone _____

Date of Birth _____

High School _____ HS Phone # _____

Chapter Advisor _____ HS Fax # _____

This is to certify that _____ has my permission to attend HOSA activities from November & 9th 2012-November 8th 2013 FDA. On behalf of the above-named student member, I hereby absolve and release the school officials, the HOSA chapter advisors, Minnesota 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), Minnesota HOSA State Advisor, and/or her 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 will I provide the payment of these costs.

We have read and agree to abide by the supplied Minnesota HOSA Code of Conduct 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) _____ Any Rx medications _____

Date of last tetanus shot _____ Physical Restrictions _____

History of any medical conditions _____

Family Doctor _____ Phone _____

Parent/Guardian Phone: Work _____ Home _____

Insurance Company Name _____ Policy # _____

Minnesota HOSA State Officer Candidate Application Candidate: _____

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.

Candidates 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
Dependability- prompt, sincere, consistent, truthful follows directions	_____	_____	_____	_____	_____
Leadership- assertive, able to inspire others, listens, uses good judgment	_____	_____	_____	_____	_____
Mental Alertness- attentive, interested, eager to learn	_____	_____	_____	_____	_____
Initiative- accepts responsibility, able to work without supervision, works at a steady pace, starts without instruction	_____	_____	_____	_____	_____
Ability to Get along With Others – adaptable, friendly, tactful, respectful of others, sense of humor	_____	_____	_____	_____	_____
Personal Appearance and Grooming	_____	_____	_____	_____	_____
Attitude- positive, honest, practices self-discipline, enthusiastic, motivated	_____	_____	_____	_____	_____

Remarks: Use the back of this form if necessary.

Signature

Date

Position _____

STATE OFFICER TRAVEL AUTHORIZATION FORM

Please complete this form BEFORE each scheduled meeting, as designated by the State Advisor, and return to fax or email.

Candy Leopold
MN HOSA State Advisor
8553 Chanhassen Hills Dr So
Chanhassen, MN 55317

NAME OF OFFICER _____

NAME OF FUNCTION: _____

DATE(S) OF FUNCTION: _____

MODE OF TRANSPORTATION: _____

APPROXIMATE TIME OF ARRIVAL: _____

PERSON(S) ACCOMPANYING YOU _____

We understand that the meeting will convene at approximately: _____

We understand that the meeting adjournment is scheduled for approximately: _____

We, the undersigned, understand that the above-named individual will be in attendance at the stated function. We give our approval for this individual's participation. We agree to the provisions as stipulated in the Code of Conduct. We agree not to hold Minnesota HOSA, the State Board of Education, any of its agents, or the participant's school district liable for any accident, illness or injury to this individual during participation in state organization approved activities of functions and necessary travel to and from those sites.

State Officer's Signature

School Official's Signature

Home Phone Work Phone

Home Phone Work Phone

Parent/ Guardian signature

Chapter Advisor's Signature

Home Phone Work Phone

Home Phone Work Phone

(Make copies as needed)