

Louisiana HOSA

Candidate Application

Executive Council

Louisiana HOSA Executive Council
2017 - 2018



Executive Council Candidate Application LOUISIANA HOSA 2017 – 2018

Read and complete the following applications pages.

If you have any questions, please call the Louisiana HOSA State Office at (337) 989-0001.

Application Deadline

Friday, January 26, 2018

The chapter advisor must complete and sign the Candidate Application Cover Page to verify the application is complete before the application is submitted.

Candidates must mail the **original** documents to Louisiana HOSA Headquarters by 5:00pm on Friday, January 26, 2018 (**this is NOT a postmark date**). Faxed and emailed applications will not be considered. Applications should be one-sided and paper clipped together.

Louisiana HOSA
Attn: Brooke Voorhies
103 Independence Blvd
Lafayette, LA 70506

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Eligibility

- Middle School candidates **MUST** be currently classified as a sixth or seventh grader.
- Secondary candidates **MUST** be currently classified as a freshman, sophomore, or junior.
- Post-Secondary/Collegiate candidates **MUST** be currently classified as a freshman, sophomore, or junior.
- Current eight graders, high school seniors, and graduating post-secondary/collegiate members are not eligible to run for state office.
- Must have a 2.7 or greater GPA on a 4.0 scale.
- Must be endorsed by your chapter advisor, school principal, parent/guardian, and employer.
- Must be willing to put their duties as a state officer before any other extracurricular activities.
- Must be able to provide own reliable transportation.
- It is to the candidates' advantage to have had local officer experience, although it is not required.

Elected Positions

- | | |
|--|---|
| • President-Elect (Secondary or PS/C)* | • Post-Secondary/Collegiate Vice President (PS/C) |
| • Region 1 Vice President (Secondary) | • Secretary (Secondary or PS/C) |
| • Region 2 Vice President (Secondary) | • Sentinel (Secondary or PS/C) |
| • Region 3 Vice President (Secondary) | |
| • Middle School Vice President (Middle School) | |

* President-Elect candidates must be a current secondary or current post-secondary/collegiate freshman or sophomore.

Tips For Filling Out Applications

- ✓ Type in your answers unless the instructions say to hand write them.
- ✓ When hand writing an application, use your best penmanship.
- ✓ Make sure your handwriting is legible. If it is hard to read, then type it. Ask another person (adult) to look at it to help you determine if you should type it.
- ✓ Only use blue or black ink. Pink, purple, green, etc. are not acceptable. **DO NOT** write in pencil.
- ✓ Do not change pens in middle of application. Looks unprofessional and doesn't flow.
- ✓ Take your time. Give thought about what you want to say before you write.
- ✓ Read your answers **out loud** to yourself, then to someone else. Make sure that person will be honest with you about how it sounds. **Use your best grammar.**
- ✓ Always have at least one other person proof-read your document. It's a good idea if that person is an adult who will be honest with you about mistakes, or how it sounds, and will give you advice. (teacher, parent, etc.)
- ✓ Do not have your parents or others fill it out. There are telltale signs that they did it.
- ✓ Do not draw pictures, or dot the I's with circles or hearts. You are writing to a professional, not to a BFF.
- ✓ Do not leave blank spaces—at least write N/A (not applicable)
- ✓ Do not fill out the application last minute before a deadline.
- ✓ **Check spelling. Spelling errors are UNACCEPTABLE!**
- ✓ Make sure to use correct forms of words. Grammar is so important! Sound smart!
- ✓ Do not write like you are sending a text message. Write words out, do not abbreviate.
- ✓ In essay answers, do not ramble. Be honest and tell the facts. Get to the point but sell yourself.
- ✓ When answering essay questions, write it on another paper first, read it, proof it, then copy onto the final draft. Again, have another person proof your final copy.
- ✓ When asked to tell something unique about yourself, don't use typical answers such as, "I'm a people person" or "I like helping others." Be specific...what makes you who you are? Tell about yourself. The question is trying to find out what makes you YOU! Do you speak 3 languages? Do you run marathons, play sports, volunteer somewhere, do something unique, or have an interesting hobby? Tell something that the other questions do not ask.
- ✓ Do not type an answer on another sheet, then cut it and tape or glue it onto the application. It is better to type the question and answer on a separate sheet if you choose, then submit that sheet. Then, on the application after that question, just write "see attached."
- ✓ Do not expect your parents to call or email about it if there are questions, you do it...you are the one applying.
- ✓ Let your personality come through, while sounding professional!
- ✓ **DON'T FORGET TO SIGN IT!** Details matter.



Candidate Application Cover Page

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Application Checklist

- ☐ Completed/Signed Cover Page
- ☐ Candidate Information Sheet (Pages 1 & 2)
- ☐ State Officer Profile
- ☐ Candidate Questionnaire
- ☐ Statement of Responsibility
- ☐ Candidate Nomination Form
- ☐ State Officer Permission Form
- ☐ Permission to use Photography / Photo Release
- ☐ Medical Information Form
- ☐ School Administrator Affidavit of Support
- ☐ Chapter Advisor Affidavit of Support
- ☐ Employer Notification and Memorandum of Understanding Form
- ☐ Candidate Resume
- ☐ Candidate Picture (4x6 glossy color or black/white headshot)
- ☐ Recommendation Letter 1*
- ☐ Recommendation Letter 2*
- ☐ Recommendation Letter 3*

Application Verification

I, _____, verify this candidate's application is complete and completed to the best of the candidate's ability. This candidate has my approval to send in their application to the Louisiana HOSA State Headquarters for evaluation.

Chapter Advisor Signature

Date

**Recommendation Letters should be in a sealed, unopened envelope.*

Candidate Information Sheet 1

Officer Position Information

Check your current HOSA membership level: ☐ Middle School ☐ Secondary ☐ Post-secondary/CollegiateCheck your current Grade Level: ☐ 6th ☐ 7th ☐ Freshman ☐ Sophomore ☐ JuniorCheck your Louisiana HOSA Region: ☐ 1 ☐ 2 ☐ 3

Please indicate the officer position you are interested in*:

- | | |
|--|--|
| <input type="checkbox"/> President-Elect | <input type="checkbox"/> Middle School Vice President |
| <input type="checkbox"/> Region 1 Vice President | <input type="checkbox"/> Post-secondary/Colligate Vice President |
| <input type="checkbox"/> Region 2 Vice President | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Region 3 Vice President | <input type="checkbox"/> Sentinel |

*The Nominating Committee will slate you for a position based on your application, test score, interview, and your preferred officer position.

Candidate Information

Name: _____ Age: _____

Home Address: _____
House/Apt. Number & Street Name

City _____ Zip Code _____

Cell Phone: () _____

E-mail: _____

Birth date: ____/____/____ (Month, Day, Year)

Do You Have a Driver's License? ☐ Yes ☐ No

If so, would you be permitted to drive to an out-of-town officer meeting upon occasion?

☐ Yes ☐ No _____ Parent/Guardian initialsCheck your shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Parent(s)/Guardian(s) Information

Guardian 1

Name: _____

Cell Phone Number: _____

Email Address: _____

Guardian 2

Name: _____

Cell Phone Number: _____

Email Address: _____

Candidate Information Sheet 2

Chapter Information

Name of Newspaper in Your City: _____

School Principal: _____

Principal Email: _____

Chapter Advisor: _____

Advisor E-mail: _____

School Name: _____

School Address: _____

Number & Street Name

City

State

Zip Code

School Phone (_____) _____ FAX (_____) _____

Emergency Contact Information

Name: _____

Relation to Candidate: _____

Cell Phone Number: _____

Alternate Phone Number: _____

State Officer Personal Profile

If you are elected, this information will be posted to the Louisiana HOSA website so our members can get to know you better. There are no right or wrong answers, but please keep responses appropriate. The Louisiana HOSA State Office reserves the right to omit responses deemed improper.

(*will NOT be posted to the website)

Name	Age*	Birthday*	Polo shirt size* (s, m, l, xl, 2xl)
Hometown*	Favorite Food		
Nicknames	Favorite Subject in School		
Favorite Sports Team	For 24 hours, I would love to trade place with...		
Career Goals			
Hobbies	Pet Peeve (what really makes me angry)		
Best Book Ever Read			
Greatest Personal Accomplishment			
Future Medical Discovery Anticipated Most (example – the cure for cancer or AIDS)			
If I had a million dollars, I would...			
My most embarrassing moment			
I love HOSA because (keep it short)...			
Favorite Quote and by whom			

Candidate Questionnaire

Please answer these questions to the best of your ability. All answers must be typed, numbered, and double-spaced on a separate sheet of paper. Your name should be at the top of each page. Please type the question with the answer following.

1. What 4 goals would you like to accomplish at the state level if you are elected?
2. What is the most important quality or consideration for someone planning on a health career?
3. What do you think is the greatest problem facing teenagers today?
4. What personal achievement are you most proud of and why?
5. If elected, how do you plan to increase membership at the local and state levels?
6. What are your future career goals, and how will your experiences with HOSA help you achieve those goals?
7. If you are involved in other activities at or outside of school, how do you plan to make your duties as a State Officer a priority? How will you fit it all in?

Statement of Responsibility

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

“I have read the Candidate Information Packet and the State Officer Directives Packet. 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 abilities. 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 Fall Forum) as called by the State Officer Directives and the State Advisor. I will submit my Officer Report by the 25th of each month and will complete each report to the best of my abilities. I will respond to all communications and correspondence within 24 hours. I further understand that if, in the opinion of the majority of the State Staff, I fail to fulfill my responsibilities and obligations of the office, and/or I violate the Louisiana HOSA Code of Conduct, or the State Officer Directives 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 Louisiana HOSA the amount of money expended for my participation during my term in office.**”

HOSA STATE OFFICER NOMINATION FORM

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

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

Candidate's Statement

If elected as a State HOSA 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's Signature _____ **Date** _____

Local Advisor's Statement

It is my belief that this candidate will fulfill the responsibilities of a State HOSA Officer, and I highly recommend this applicant.

Local Advisor's Signature _____ **Date** _____

Statements of Support

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

Parent's (Guardian's) Signature _____ **Date** _____

This school will support (Print Student Name) _____ in successful fulfillment of the duties of a State HOSA Officer.

Principal's Signature _____ **Date** _____

School Name _____

Parish _____

HOSA STATE OFFICER PERMISSION FORM

The duties and responsibilities of serving as a HOSA State Officer involve attendance at Executive Council meetings and workshops, as well as travel to those activities. Each officer is responsible for making his or her own travel arrangements.

I understand that this permission form is effective March 3, 2018 through June 30, 2019. New officers are asked to participate starting in April of 2017.

I understand that each individual is responsible for his or her liability, medical, and accident insurance coverage during any trip that involves HOSA.

I hereby release the National HOSA Board of Directors, the Louisiana HOSA Board of Directors, the national and state HOSA staff, the National, state and local HOSA organizations, the Louisiana Department of Education, Southwest Louisiana Area Health Education Center, and any individual in charge of the HOSA group or specific activity, from any legal or financial responsibility with respect to my personal or student's/child's participation in or contact with any element associated with HOSA activity.

I understand that the possession and/or use of any drugs, alcohol, tobacco products, weapons, contraband, failure to follow instruction from the HOSA State Staff, or any behavior that causes any risk to the safety of others, is cause for immediate removal from office.

I also understand that I must attend a State Officer/Parent meeting to be held after the election of State Officers.

Parent's or Guardian's Signature

Date

State Officer Applicant Signature

Date

Print Student's Name

School

Parish

Permission to Use Photograph / Photo Release

I hereby grant Louisiana HOSA, National HOSA, and Southwest Louisiana AHEC (SWLAHEC) permission to use my likeness in any photograph, video or other digital or print reproduction (the "Materials") in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that the Materials will become the property of Louisiana HOSA or National HOSA and will not be returned. I hereby irrevocably authorize HOSA to edit, alter, copy, exhibit, publish or distribute the Materials for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release Louisiana HOSA, National HOSA, SWLAHEC and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Check one:

_____ I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

_____ If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Student Signature

Date

Student Printed Name

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

Louisiana HOSA State Officer MEDICAL INFORMATION FORM

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ Phone #: _____

Mother/Guardian Name: _____

Mother's Workplace: _____ Work Phone: _____

Mother's Home Phone: _____ Mother's Cell: _____

Father/Guardian Name: _____

Father's Workplace: _____ Work Phone : _____

Father's Home Phone: _____ Father's Cell: _____

Other Emergency Contact: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Medical Information (Please indicate below if the condition is present or recurring)

_____ Diabetes	_____ Asthma	_____ Heart Condition
_____ Hemophiliac	_____ Hearing Aid	_____ Wears Glasses/Contacts
_____ Neuro/Muscular Problem	_____ Allergy	_____ Other

If any are checked, please explain _____

Is student on any type of medication? _____ Yes _____ No If yes, what type and dosage? _____

May this student self-administer their medications? _____ Yes _____ No

I understand that if this form is not received by the deadline, the student will not be eligible to participate in any HOSA activity or event. In case of an accident, a serious health problem or any health injury during a HOSA event, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future information changes on this medical form as the need arises, by contacting Shirlene Bender at 337-989-0001. Otherwise, this authorization will remain in effect, as of this date, Through June, 2019. Neither Southwest Louisiana Area Health Education Center, Louisiana HOSA, National HOSA nor any venue where attending a HOSA event, assumes responsibility for any medical charges. Any medical charges incurred during any HOSA trips or any HOSA activities will be the sole responsibility of the parent/guardian, or student if student is an adult.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I **give** my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I **do not give** permission for medical treatment until I have been contacted.

Parent or Guardian Signature_____
Date

SCHOOL ADMINISTRATOR AFFIDAVIT OF SUPPORT FOR LOUISIANA HOSA STATE OFFICER 2018-2019

As the administrator of the school/district this HOSA State Officer Candidate attends, I agree to the following if _____ is elected to serve as a HOSA State Officer:

1. Support the state officer and chapter advisor in fulfilling their responsibilities including:
 - Attendance at the Louisiana HOSA Fall Forum
 - Louisiana HOSA State Leadership Conference
 - Other state planning meetings as determined by their state office
 - Allow state officers to be excused from school for the following activities:
 - State Officer Training Workshops
 - CTSO Capitol Day (February 2019)
 - Washington Leadership Academy (September 14– 18, 2018)
 - Fall Forum (October/November 2018)
 - State Leadership Conference (March 2019)
2. Support the state officer and chapter advisor in obtaining financial support for local, state, and national travel.
 - Provide state officer and chapter advisor transportation and expenses, when possible.
 - If financial support cannot be provided, write a letter/email to the HOSA State Advisor stating why financial support cannot be given and requesting assistance in doing so.
3. Become familiar with the duties of the HOSA state officer and HOSA chapter advisor.

Administrator Signature

Date

Administrator Title

Chapter Advisor Affidavit Of Support

FOR LOUISIANA HOSA STATE OFFICER 2018-2019

If my HOSA student member, _____, is elected to

State Office, I agree to:

1. work with the state officer and state HOSA office to assure that all responsibilities are performed professionally;
2. assist the state officer in completing activities by the due date;
3. assist the state officer in making travel arrangements and obtaining financial support for travel; If financial support is required, approval must be obtained from the LA HOSA State Advisor; (depending on funds available by state office)
4. assist the state officer with completing travel reports;
5. assist the state officer in completing speeches, newsletters, and other correspondence;
6. serve as chaperone to the state officer during travel and stay at the same conference hotel as the state officer; if unable to chaperone an event, state advisor must be notified and other arrangements made;
7. serve as the state officer's chaperone during state and national planning meetings, conferences, and other activities when required;
8. and, assist the state officer in conducting state leadership business and general sessions.

Advisor's Signature

Date

Print Advisor's Name

School

Parish

Requirements for an Employer

It is understood that many students are employed. However, in order to be a state officer, your employer must understand that, if elected, you have responsibilities to LA HOSA. There are days that you will need to be off as a requirement for your position.

Have your current employer complete the Memorandum of Understanding below.

******* If you change jobs or become employed during your term as LA HOSA State Officer, you will need to complete this form and submit it to the LA HOSA office prior to accepting the position.**

Employer Notification and Memorandum of Understanding Form

Employee's Name _____

School _____

HOSA Office Choice _____

The above named student (employee) has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during employment with

(Name of Business)

I endorse _____ as a candidate for the Louisiana HOSA (LAHOSA) Executive Council. I understand the responsibilities and time commitment associated with being an LAHOSA State Officer. I understand that the officer (employee) will not be able to work on certain days throughout the year due to officer responsibilities. I understand I will be notified by the employee at least one month in advance of those dates, and will allow the student to be off work on those dates.

Employer's Name

Supervisor's Name

Supervisor's Signature

Date

Title

Required Resume and Picture

Resume Information

All State Officer Candidates are required to create a resume to pass out to voting delegates. All resumes must be turned in with your application. LA HOSA will make copies to hand out to voting delegates during their meeting.

Paper Size: 8½ x 11 format

Type of Paper: Plain white paper only with black type (typewriter or computer generated) Resumes with the use of color paper, color pictures or color type **will NOT** be distributed.

What **MUST** Be Included on Your Resume [In any order]:

- Your full name, school, and current grade level. [Do **not** use home address or phone numbers.]
- HOSA Achievements: i.e. Offices Held [Local, State and National]
- Number of Years You Have Been in HOSA
- Other Achievements: i.e. Honors, Awards, and Offices Held in Other Organizations
- Summary Statement explaining: “Why You Want to Be A HOSA State Officer”

Your **one-page** resume must include the above information but is not limited to only those topics. It is acceptable but not required to use a photo on your resume, but the photo also must be black and white.

The resume must be in a professional business format (not in a campaign flyer format). Any resume not in compliance with the above guidelines will not be distributed.

Picture Information

All Candidates are required submit a 4x6 color or black and white glossy headshot photo. All photos must be submitted with the application. Write your name and school on the back of the photo. Photos will NOT be returned.



Recommendation Form

Candidate's Name : _____ Chapter: _____

Recommended by: _____ Relation to Candidate: _____

The above named student has applied to be a Louisiana HOSA State Officer Candidate and has been asked to submit this form for reference.

Please complete this recommendation form and return to candidate in a sealed envelope.

This form is confidential and will not be shared with the candidate. Your open and honest communication is critical as we are selecting our 2018 – 2019 Louisiana HOSA Executive Council.

	Excellent	Good	Fair	Poor	NA
Dependability – prompt, sincere, consistent, truthful, follows directions					
Leadership – assertive, able to inspire others, listens, uses good judgement					
Industrious – persistent, good work habits, makes good use of time, hard working					
Mental Alertness – attentive, interested, eager to learn					
Initiative – accepts responsibility, able to work without supervision, works at a steady pace, starts work 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.					

Please check one.

Overall Recommendation:

Highly Recommended _____

Recommended _____

Recommended with Reservations _____

Do NOT Recommend _____

Signature _____

Date _____

Please use back to comment on your personal experience with the candidate as it will be used in the selection process.