

Candidate name: \_\_\_\_\_



Health Occupations Students of America

## State Officer Application

Read the following pages of information very carefully. If you have any questions, please call the Florida HOSA State Advisor at (386) 462-HOSA.

Fill out the attached application and make a copy for your records. ***Mail the original application by certified mail to the Florida HOSA State Office by February 15. Applications will not be accepted before January 1.***

All HOSA officer candidates and elected State Officers:

- Must be an active member of their local HOSA chapter,
- Must be currently enrolled in a Health Occupations class (or major), and
- Must maintain a cumulative average of 85 or “B.”

Failure of elected officers to meet grade requirements will result in one term of probation and evaluation by the Florida HOSA, Inc. Board of Directors.

Applicants who pass the screening process will be allowed to give a three minute speech during the Business Session of Florida HOSA, Inc. at the State Leadership Conference. Verbal campaigning is allowed - NO campaign materials are allowed.

The following items **MUST** be included as part of the officer’s application and postmarked by the published deadline:

1. Candidate Application
2. Information Sheet
3. Nomination Form
4. Permission Form
5. Travel Policies Form
6. Personal Profile
7. Applicant Questionnaire
8. Code of Conduct Form
9. Medical Liability Release Form
10. Statement of Acceptance of Responsibilities
11. Parent/Guardian and State Advisor Telephone Conversation
12. Official Transcript of Grades
13. One page **handwritten** essay on “What I Can Contribute to HOSA”

Send all completed forms postmarked on or before February 15 to:

Florida HOSA State Advisor  
14646 NW 151<sup>st</sup> Blvd.  
Alachua, FL 32615

Health Occupations Students of America  
**State Officer Candidate Application**

Name \_\_\_\_\_ Grade \_\_\_\_\_

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

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

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_

1. HOSA Offices Held: Year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Honors/Awards Received (HOE/HOSA and others): Year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Participation in Other Activities (School, Community) Year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Offices Held in Other Organizations: Year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Health Occupations Students of America

**State Officer Information Sheet**

Preferred office \_\_\_\_\_ Year in school: Fr. So. Jr. Sr.

Name \_\_\_\_\_ Name to be called \_\_\_\_\_  
(First) (Middle) (Last)

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/Box No.) (City, State) (Zip)

Parents/Guardian \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_)\_\_\_\_\_

Business Address \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_)\_\_\_\_\_

Business Address \_\_\_\_\_

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

City \_\_\_\_\_ Principal \_\_\_\_\_

Do you have a Driver's License? \_\_\_Yes \_\_\_No

If so, would you be permitted to drive to an out-of-town meeting upon occasion? \_\_\_Yes \_\_\_No

Enrollment in a Health Occupations Course to Date:

- \_\_\_ Previously enrolled
- \_\_\_ Enrolled this year
- \_\_\_ Will be enrolled next year

Health Occupations Students of America

## State Officer Nomination Form

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

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

### Candidate Statement

If elected as a Florida HOSA State Officer, I will dedicate myself to the service of the organization. I also pledge to serve my entire term of office while promoting the goals and objectives of HOSA. I will further 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 Florida HOSA State Officer and I highly recommend this applicant.

Local Advisor's Signature \_\_\_\_\_ Date\_\_\_\_\_

### Statements of Support

I approve of my son/daughter applying for a Florida HOSA State Office. If elected, I agree that he/she will be present at all required functions and will also provide the transportation necessary to carry out the duties of a Florida HOSA State Officer.

Parent's (Guardian's) Signature \_\_\_\_\_ Date\_\_\_\_\_

This school will support \_\_\_\_\_ in successfully fulfilling the duties of a Florida HOSA State Officer.

Principal's Signature \_\_\_\_\_ Date\_\_\_\_\_

Health Occupations Students of America

**State Officer Permission Form**

*The duties and responsibilities of serving as a Florida 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. PLEASE READ THIS INFORMATION CAREFULLY, OBTAIN THE APPROPRIATE SIGNATURES, AND RETURN TO THE STATE OFFICE.*

*I understand that this permission form is effective from the New Officer Conference in May to the National Leadership Conference the following year.*

*I understand that each individual is responsible for his or her insurance coverage during any trip that involves HOSA.*

*I hereby release the National HOSA Board of Directors, The Florida HOSA, Inc. Board of Directors, The National HOSA and Florida HOSA State staff, the State and local HOSA organizations, and any designated 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 known element associated with a HOSA activity.*

*I understand that the possession and/or use of any drugs, alcohol, or tobacco products are cause for immediate removal from office.*

*I understand that the use of profane, slanderous, or abusive language is prohibited and could be cause for removal from office.*

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Parent/Guardian Signature

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Date

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State Officer Candidate Signature

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Date

# Health Occupations Students of America

## State Officer Travel Policies

1. When you travel on behalf of HOSA, you are representing all members throughout the country and the State Officer Team. Dress in official HOSA uniform and conduct yourself accordingly.
2. All State Officer travel must be approved by the Florida HOSA State Advisor based on the travel budget for the year.
3. Any Chapter requesting a State Officer to visit their school (for a meeting or speaking engagement, etc.) will assume responsibility and expenses for 50% of the Officer's travel (under State Match Program).
4. State Officers are also Florida HOSA, Inc. Board members and will be reimbursed for their round-trip travel, lodging, and meal expenses for Board of Directors meetings.
5. State Leadership Conference round-trip travel costs, lodging, \$30.00 per diem meal allowance (maximum), and Conference Registration fee will be completely covered by Florida HOSA.
6. For any other State Sponsored event, lodging will be arranged by the State Office, unless prior permission is given otherwise. State Officers will be reimbursed up to a maximum of \$30.00 per day for meals not provided by the State Office.
7. Reimbursement will be made to State Officers only with a completed Reimbursement Form and attached receipts if it is submitted prior to thirty days after the event.
8. Florida HOSA will have minimum insurance coverage for State Officer travel and cannot be held responsible for injuries to a State Officer when traveling on HOSA business.
9. Newly elected State Officers are expected to participate in a weekend training session held in May. Florida HOSA will incur all transportation, lodging, and meal expenses for this New Officer Conference.

NOTE: Remember that your travel assignment duties are not fulfilled simply by leaving your Region. You will need to submit a State Officer Report to the Florida HOSA State Advisor as well as complete follow-up Thank You letters to those individuals who made your trip possible (Regional or Local Advisors, your own Regional or Local Advisor, Regional or Local Officers, etc.). Also you will need to follow through on any requests you may get. When you are elected as a HOSA State Officer, you are committing yourself to some required travel. Other travel may arise throughout the year for recruiting and fundraising purposes. Your school administrator/employer should be made aware of these responsibilities as soon as you are elected.

I HAVE REVIEWED THE ABOVE POLICIES AND AGREE TO FOLLOW THEM AS OUTLINED.

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State Officer Candidate Signature

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Date

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Parent/Guardian Signature

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Date

# Health Occupations Students of America

## State Officer Personal Profile

If you are elected, this information will be posted to the Florida HOSA website so our members can get to know you better. There are no right or wrong answers, but please keep responses appropriate.

The Florida HOSA State Office reserves the right to omit responses deemed improper.

(\* will NOT be posted to the Florida HOSA 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 places 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 (by whom)			

# Health Occupations Students of America State Officer Applicant Questionnaire

Please answer the following questions.

1. Why are you interested in being a Florida HOSA State Officer?
  
2. What previous experience as a leader have you had?
  
3. List any speech or public speaking courses you have had.
  
4. Are you a better leader or follower? Explain your answer.
  
5. Describe what you think your duties will be if you are elected to State Office.

Please circle your response.

- |     |   |     |    |
|-----|---|-----|----|
| 6.  | I understand the duties and responsibilities of the office for which I am a candidate.                                  | Yes | No |
| 7.  | I will be able to attend all required meetings as scheduled on the Calendar of Events for Florida HOSA.                 | Yes | No |
| 8.  | I will be able to travel as necessary to attend meetings as part of my duties as a State Officer.                       | Yes | No |
| 9.  | I understand that expenses for travel and meals will be reimbursed according to the policies set forth by Florida HOSA. | Yes | No |
| 10. | I understand that I will be reimbursed for expenses and will NOT be paid in advance.                                    | Yes | No |
| 11. | I have read the Student Membership Handbook on the National HOSA website  | Yes | No |
| 12. | I have read the current Florida HOSA Bylaws.  | Yes | No |
| 13. | I have permission from my parents/guardian and school administrators to attend:   |     |    |
|     | 1. All State Officer Planning Meetings (4)  | Yes | No |
|     | 2. Leadership Development Conference  | Yes | No |
|     | 3. State Leadership Conference  | Yes | No |
|     | 4. New Officer Conference   | Yes | No |
|     | 5. National Leadership Conference   | Yes | No |
| 14. | List any other information you think may be relevant to your candidacy.   |     |    |

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Candidate Signature

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Advisor Signature

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Parent/Guardian Signature

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Principal Signature

**NATIONAL/FLORIDA HOSA  
CODE OF CONDUCT**

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA conference name badges shall be worn at all times).
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew is described as being in your own assigned room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to **pay** any and all damages.
7. Members/participants attending any HOSA function may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Smoking is not permitted.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the rooms, etc., will be the responsibility of the individual student and/or their parents.
11. Members are to abide by the Conference Attire Policy established by National and Florida HOSA at all business sessions, general sessions, competitive events, and other conference activities.

***I have read the above Code of Conduct for HOSA conferences and functions and agree to abide by these rules.***

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian/Advisor  
(if not postsecondary member)

\_\_\_\_\_  
Signature of Parent/Guardian/Advisor

\_\_\_\_\_  
Date

# HOSA MEDICAL LIABILITY RELEASE FORM

**DIRECTIONS:** Due to legal restrictions, it is necessary that all students, parents/guardians, guests and HOSA Advisors complete this form as a prerequisite to attend National or State conferences and functions. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. For the NLC, the HOSA State Advisor will make a copy for the files and mail the original forms to National HOSA by the due date established by National HOSA.

**PLEASE TYPE OR PRINT ALL INFORMATION -- If the member is an adult or adult post secondary student, disregard the request for Parent/Guardian information.**

Member's Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Member's Address \_\_\_\_\_  
Member's Home Phone \_\_\_\_\_ Work (Parent/Guardian) \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_  
Alternate Contact Person \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_  
Local Advisor \_\_\_\_\_  
School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Student is covered by group or medical insurance:  Yes  No.

If yes, complete the following information.

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment.

Use back of form if necessary.

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| A. Disease of Any Kind _____    | E. Convulsions _____                |
| B. Physical Handicap _____      | F. Blackouts _____                  |
| C. Medicine Reactions _____     | G. Allergy _____                    |
| D. Heart or Lung Problems _____ | H. Other (please be specific) _____ |

If currently taking medication, please provide the following information:

A. Name of Medication \_\_\_\_\_

B. Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

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

\_\_\_\_\_ A. 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.

\_\_\_\_\_ B. I do not give permission for medical treatment until I have been contacted.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**LIABILITY RELEASE.** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for their own insurance coverage during this trip. I hereby release the National and Florida HOSA Board of Directors, the National and State Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student's/child's participation in or contact with any known element associated with any activity including competitive events.

\_\_\_\_\_  
Member Signature

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

\_\_\_\_\_  
Date

Health Occupations Students of America

State Officer Applicant
Statement of Acceptance of Responsibilities

As a State Officer of Florida Health Occupations Students of America (HOSA), I recognize that the following activities are part of an officer's responsibilities and I agree to perform, to the best of my abilities, these and other duties of the office to which I am elected.

Please read and indicate understanding by initialing.

Initials

- 1. Conduct myself at all times in a manner which will display my leadership ability and which will bring credit to myself and to HOSA.
2. Notify the State Office of any change in my address, phone number or student classification.
3. Attend and participate in all meetings of the State Officer Team.
4. Notify the State Office in writing prior to accepting invitations to attend and participate in local activities whether or not the expenses are to be reimbursed by the state association.
5. Read and study state and national programs and materials so as to be able to discuss the program and related projects and activities with local members and advisors or other interested individuals.
6. Avoid expressing personal opinions regarding political or controversial challenges when representing HOSA.
7. Organize and conduct the Leadership Development Conference (LDC).
8. Attend and speak at local and state activities with prior approval of the State Office.
9. Plan, attend, and participate in the annual State Leadership Conference.
10. Represent myself in a professional, mature, and organized manner.
11. Attend the annual New Officer Conference (NOC).
12. Attend and participate in the annual National Leadership Conference.
13. Conduct ongoing communication with other members of the State Officer team and with the State Advisor.
14. Complete Monthly Reports by the 5th of each month and send copies to the State Advisor and the State President.
15. Maintain at least a 2.5 Grade Point Average.
16. Respond and carry out additional requests of the State Office.
17. Arrive on time to all functions of the State Officer Team.

I, \_\_\_\_\_, agree to the above responsibilities.

I understand that failure to accept any of these responsibilities will result in being placed on probation and a discussion with the State Advisor. The second consequence could result in a request for my resignation.

Officer Candidate

Parent/Guardian Signature

Local Advisor

Principal

Health Occupations Students of America

## **Parent/Guardian and State Advisor Telephone Conversation**

Florida HOSA State Office phone number: (386) 462-HOSA (4672)

Because of the extensive amount of time and travel involved with being a State Officer, the State Advisor would like to speak personally with each State Officer candidate's parent or guardian. This conversation will allow the parent/guardian and State Advisor to become acquainted and talk about the responsibilities that need to be met as a State Officer. It will also give the parents/guardians an opportunity to ask any questions they may have about their son/daughter becoming a State Officer.

Please fill-in the information below at the conclusion of the phone call and send with the rest of the application. A State Officer candidate will not be considered for office unless this call has been completed. The call is not anticipated to last more than 5 minutes.

If this call is unable to be accomplished before the Application Deadline, please send the remaining portion of your completed application to the Florida HOSA State Office according to the directions. Once received in the State Office, the State Advisor will contact your parent/guardian.

If you do not want long distance charges applied to your telephone bill, please e-mail the State Advisor (LDeVault@SRAHEC.org) to set up a time to call you.

Name of parent/guardian that made call: \_\_\_\_\_

Date and time of call: \_\_\_\_\_