



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

## State Officer Application - SLC 2021

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

Fill out the attached application by either typing or using a blue/black ink pen and make a copy for your records. **Mail the original application (with this cover page) by certified mail to the Florida HOSA State Office postmarked by January 30, 2021. 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 in good standing,
- Must be currently enrolled in a Health Science class (or major), and
- Must have and maintain a **District and State** Grade Point Average (GPA) of 2.5 or higher.

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

Per the Florida HOSA Bylaws, each active chapter may endorse no more than three (3) active HOSA members as State Officer candidates. The positions for which a candidate may be slated are: President-Elect, Parliamentarian, or Vice-President (Northern/Southern, Secondary/Postsecondary)

} **Advisor signature** \_\_\_\_\_

All State Officer candidates must register for, and attend, the State Leadership Conference, as well as be in attendance during the Recognition Session on Friday evening at the SLC when the newly elected State Officers are announced to take their Oath of Office. Failure to be present at the Recognition Session if announced as a new State Officer may result in being removed from office. Candidates that are slated for one of the officer positions after interviews have been completed must be present at the State Officer Candidate Meet & Greet. Candidates will be allowed to give a three minute speech during the Business Session at the State Leadership Conference - no props, pictures, or other visuals will be allowed during the candidate's speech. Verbal campaigning is allowed - NO campaign materials are allowed.

The following items **MUST** be included as part of the candidate'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. One page **handwritten** essay (**blue/black ink**) on "What I Can Contribute to HOSA"
13. Official Transcript of Grades

Send all completed forms by **certified mail** postmarked on or before January 30, 2021 to:

Florida HOSA State Office  
13570 NW 101<sup>st</sup> Dr., Suite 200  
Alachua, FL 32615

## Florida HOSA - Future Health Professionals

# State Officer Candidate Application

This page only ("State Officer Candidate Application") will be scanned and posted to the Florida HOSA website (www.flhosa.org) for your introduction and for your information to be disseminated to our members, advisors, and Voting Delegates. Please complete by typing or writing legibly in blue/black ink, without adding extraneous markings, keeping your responses appropriate. The Florida HOSA State Office reserves the right to omit responses deemed improper.

Name \_\_\_\_\_

Year:            HOSA Offices Held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year:            Honors/Awards Received  
                         (Health Science/HOSA and others)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year:            Participation in Other Activities  
                         (in School and/or the Community)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Why I Would Like to be a Florida HOSA State Officer:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Florida HOSA - Future Health Professionals

**State Officer Information Sheet**

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

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

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

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

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

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

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

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

Are you permitted to attend out-of-town meetings? \_\_\_Yes \_\_\_No

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

If yes, would you be permitted to occasionally drive to meetings? \_\_\_Yes \_\_\_No

Enrollment in a Health Science Course to Date:

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

## Florida HOSA - Future Health Professionals

# State Officer Nomination Form

Serving as a HOSA State 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 for the duration 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 **(print candidate's name)** \_\_\_\_\_ in successfully fulfilling the duties of a Florida HOSA State Officer.

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

Florida HOSA - Future Health Professionals

**State Officer Permission Form**

*The duties and responsibilities of serving as a Florida HOSA State Officer involve being in full attendance at Executive Council meetings and workshops for their duration, 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 to the International 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

# Florida HOSA - Future Health Professionals

## State Officer Travel Policies

1. When you travel on behalf of HOSA, you are representing all members globally and nationally, as well as our State Association. 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 if it is an overnight trip.
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 fully in a weekend training session held in May for the duration of the session. 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.). You will also 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

## Florida HOSA - Future Health Professionals

### 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 (e.g. - 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			

Florida HOSA - Future Health Professionals

# State Officer Applicant Questionnaire

Please answer the following questions. Use another sheet of paper if necessary.

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 be in full attendance at all required meetings for the entirety of the meetings as scheduled on the Florida HOSA Calendar of Events. | 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 Sections A and C of the HOSA Handbook on the Global/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. Fall Leadership Development Academy   | Yes | No |
|     | 3. State Leadership Conference   | Yes | No |
|     | 4. New Officer Conference  | Yes | No |
|     | 5. Next Year's International 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 at HOSA functions.
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. Members will understand and adhere to their specific school and/or district's Swimming Policy. If a member does swim, Florida HOSA will be released from liability.
11. Any long distance phone calls, charges to the rooms, etc., will be the responsibility of the individual student and/or his/her parents.
12. 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.
13. As a conference delegate, permission is granted to make photographs, video, broadcasts and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Florida HOSA.

***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

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

\_\_\_\_\_  
Date

*(Regardless of age, all Middle and High School members must have a Parent/Guardian/Advisor signature)*

**Required from Postsecondary/Collegiate Students Only:**

**Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Note: Postsecondary/Collegiate members will have to register and have an attending advisor/chaperone present at each HOSA conference.**

# HOSA Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that all students, parents/guardians, guests, chaperones, and HOSA Advisors complete this form as a prerequisite to attend State conferences and functions. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. Please note that National HOSA has their own medical liability forms that are available each year on the ILC Page in the ILC Guide, which should be used for that event only.

**PLEASE TYPE OR PRINT ALL INFORMATION -- If the member is an adult or adult postsecondary student (18 and over), disregard the request for Parent/Guardian signature.**

Member's Name \_\_\_\_\_ Gender:  M  F  
Parent/Guardian Name (if 18 or older this is still required for emergencies) \_\_\_\_\_  
Member's Address \_\_\_\_\_  
Member's Home Phone \_\_\_\_\_ Work (Parent/Guardian) \_\_\_\_\_  
Member's Name of Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_  
Local Advisor \_\_\_\_\_  
School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Student is covered by group or individual 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. Allergies _____                  |
| D. Heart or lung problems _____ | H. Other (please be specific) _____ |

If currently taking medication, please provide the following information:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**PARENT/GUARDIAN OR POSTSECONDARY MEMBERS:** Please check one of the following boxes and sign your name.

- A. I give my permission for immediate medical treatment of the named member 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 of the named member until I, or any persons listed above, have been contacted.

**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 his/her 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
*(Regardless of age, all Middle and High School members must have a Parent/Guardian signature)*

\_\_\_\_\_  
Date

Florida HOSA - Future Health Professionals

State Officer Applicant
Statement of Acceptance of Responsibilities

As a State Officer of Florida HOSA - Future Health Professionals, 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 for the entirety of the meetings.
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 Fall Leadership Development Academy (FLDA) for the duration of the function.
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 for the duration of the conference.
10. Represent myself in a professional, mature, and organized manner.
11. Attend the New Officer Conference (NOC) for the duration of the conference.
12. Attend and participate in next year's annual International Leadership Conference for the duration of the 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.
15. Maintain at least a 2.5 District and State Grade Point Average.
16. Respond and carry out additional requests of the State Office.
17. Arrive on time to all functions/meetings of the State Officer Team and be in full attendance for the entirety of the function/meeting.

I, (print candidate's name), agree to the above responsibilities. I understand that failure to fulfill 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 Signature

Parent/Guardian Signature

Local Advisor Signature

Principal Signature

Florida HOSA - Future Health Professionals

## 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 before the deadline. 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@flhosa.org) to set up a time to call you.

Name of parent/guardian: \_\_\_\_\_

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

Did parent/guardian personally speak with the State Advisor when call was made?

Yes

No