**North Dakota HOSA State Officer Application**

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| **Applicant Name:** | |  | | | | | | |
| **Mailing Address:** | |  | | | | | | |
| **City:** | |  | | **State:** |  | | **ZIP:** |  |
| **Applicant’s Cell Phone Number:** | |  | **Parent/Guardian’s Phone Number:** | | |  | | |
| **School E-mail address** | |  | **Non-school E-mail address:** | | |  | | |
| **Current Local Chapter:** | |  | **Current GPA** | | |  | | |
| **Date of Birth:** | |  | **Year in School:** | | |  | | |
| **\_\_\_ Yes**  **\_\_\_ No** | **I have read and understand the information provided in the North Dakota HOSA State Officer Handbook.** | | | | | | | |

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| **HOSA Chapter Officers/Positions Held:** | **Candidate Position Preference:** |
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| **School Activities:** | **Honors or Awards Received:** |
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| **Community Service Activities:** | **Other Leadership Positions Held:** |
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**Verification of Student’s HOSA Involvement:**

To be recognized for satisfactorily participating in your local HOSA chapter, ask your HOSA advisor to initial it in the space to the right of the skills/tasks completed.

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| **1. Attended three HOSA chapter meetings, listed below** | | | |
| **Date:** |  | **Advisor initials:** |  |
| **Date:** |  | **Advisor initials:** |  |
| **Date:** |  | **Advisor initials:** |  |

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| **2. Participated in three other chapter activities. Identify the activities:** | | | |
| **Activity:** |  | **Advisor initials:** |  |
| **Activity:** |  | **Advisor initials:** |  |
| **Activity:** |  | **Advisor initials:** |  |

**Short Essay Questions**

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| **1. Why do you believe you are the best person to serve as a NDHOSA State Officer?** |
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| **2. How has HOSA helped prepare you for a future in healthcare?** |
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| **3. List three things you would like to accomplish for NDHOSA as a State Officer.** |
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| **4. What challenges have you faced as a member of your chapter, and how did you resolve those issues?** |
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**Authorization and Support**

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| **Local Advisor’s Statement of Support** | | | |
| I support this candidate in their bid for state office. I acknowledge the student has been an active member of HOSA and has abided by the Code of Conduct when participating in the chapter activities. I am aware of the student’s commitments both in and out of HOSA, and believe they are capable of fulfilling all obligations. | | | |
| **Advisor Signature:** |  | **Date:** |  |

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| **Parent/Guardian Statement of Support** | | | |
| I approve of my student’s candidacy for a position as a North Dakota HOSA State Officer. I will support my child in his/her endeavors and provide the transportation necessary to carry out the duties of a HOSA officer realizing my student may need to be driven to fulfill some obligations. | | | |
| **Parent/Guardian Signature:** |  | **Date:** |  |

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| **Administrator’s Statement of Support** | | | |
| I support this candidate in his/her bid for an officer position in North Dakota HOSA, a leadership organization recognized and sponsored by the North Dakota Area Health Education Center. HOSA activities are school-related and fall under applicable district travel policies. I understand that our school chapter advisor may travel to Fall Leadership Conference, State Leadership Conference and (possibly) out-of-state with state officers and/or members. I understand that State Officer parents can travel in the place of advisor to chaperone their own child (no school funds support parent travel). | | | |
| **Administrator’s Signature:** |  | **Date:** |  |

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| **Photo Release:** | | | |
| *Due to the high-profile nature of the State Officer position, photos of state officers are often used on promotional materials or social medial venues. Therefore, a photo release is required.*  I, (candidate’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant and release North Dakota HOSA permission to use my picture, portrait, photograph, likeness, voice or image for all forms of media and in all manners for any purposes, including but not limited to display or placement in print, radio, television broadcast, or on websites anywhere throughout the United States, and to edit such material on film or videotape for these purposes. I also waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith. However, I understand that I have the right to request cessation of recording or filming and understand that I have the right to rescind consent for use up to a reasonable time before the recording or film is used. | | | |
| **State Officer Candidate Signature** |  | **Date:** |  |
| **Parent/Guardian Signature:** |  | **Date:** |  |