



Candidate Name _____

State Officer Candidate Application Alaska HOSA

Read the following pages of information very carefully. If you have any questions, please call the Alaska HOSA State Advisors at (907) 232-0935-Mrs.Glenn or 907-978-6574-Mrs.Gelvin.

Fill out the attached application and make a copy for your records. **Save the application as a pdf and email the original application to the Alaska HOSA State Office by midnight on the first Friday in March. Applications will not be accepted after the date.**

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 Science class (or major), and
- Must have and maintain a 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 Alaska State Advisor.

Applications that pass the screening process will be required to give a three-minute speech during the Business Session of Alaska HOSA 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 officer’s application postmarked by the published *deadline*:

- _____ Candidate Application
- _____ State Officer Questionnaire
- _____ State Officer Personal Profile
- _____ Medical Information Form
- _____ State Officer Nomination Form
- _____ State Officer Permission Form
- _____ Permission to Photograph
- _____ Register for online state officer exam and take the exam during online testing

Send all completed forms postmarked or scanned and emailed as a PDF on or before the first Friday in March to:

Alaska HOSA
 ATTN: Mrs. Shawnie Glenn
 P.O. Box 3014
 Palmer, AK 99645
 shawn.glenn@matsuk12.us

LATE or INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



Candidate Name _____

Nominating Committee

The Alaska HOSA Nominating Committee will review all candidate applications prior to the State Leadership Conference. The HOSA Nominating Committee will interview all officer candidates before the final slate is determined.

The Alaska HOSA Nominating Committee will be composed of the State Advisors, & one State Officer.

Election Process

Application

All applications are due by midnight on the first Friday in March to the Alaska HOSA State Office. All freshman, sophomores, and juniors who are in good standing with a minimum of a 2.5 GPA or higher are **encouraged** to apply for a State Officer position. There is a limit of three applicants from each chapter.

All applications will be scored based on the *required items for submission* listed on the previous page.

Once applicants are narrowed to the top-ranked candidates, the candidates will be invited to participate in next step in the election process.

State Officer Candidate Exam – Must Register for the Exam by SLC deadline.

All Candidates will be required to register for and complete the State Officer Exam.

The written exam will take place online during February. Reference material may not be used during the exam.



Candidate Name _____

Suggested study reference for the written test

- A. Know the following
 - a. HOSA National Creed
 - b. National Conference Theme
 - c. Duties of State Officers
 - d. Review the Following: History and Background of the National Organization, HOSA Handbook, Section A, Latest Edition
 - e. Parliamentary Procedure (know types of motions, order of business, how to make a motion)
 - f. Competitive Event Categories and their Events

State Officer Candidate Interviews

Interviews will take place prior to the State Leadership Conference, time TBA. Interviews will be conducted by the Nominating Committee. Interviews will last no more than 10 minutes per Candidate.

State Officer Candidate Speeches

Speeches will take place at the State Leadership Conference TBA in March. Candidates should be in official uniform. The campaign speech must not exceed two minutes. Know your speech well & make eye contact with your audience; speak confidently. Humor and catchy phrases can be good, but don't over-do it.

Suggested speech outline:

- A. Tell about yourself.
 - a. Name.
 - b. Where you are from/what HOSA Chapter you belong to?
 - c. Describe your career goals.
- B. Describe your previous participation in HOSA.
 - a. Do you currently hold a chapter office?
 - b. Explain why HOSA is important to you.
- C. Describe why you want to be a HOSA state officer.
- D. Describe what experience you have that qualifies you to be a HOSA Officer.
 - a. Participation and/or leadership in school activities.
 - b. Participation and/or leadership in community activities/volunteering
- E. Identify the goals you hope to accomplish as a state officer.
- F. Closing statement that has impact, and will make students want to vote for you.

After each candidate concludes their speech, they will pull a question to answer. Candidates will have 1 minute to answer the question.



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Voting

Voting will take place during SLC.

State Officer Installation

The State Officer Team will be announced and installed during the SLC Awards Ceremony.

If Elected

All newly elected officers will be required to stay after the SLC to help pack up conference supplies. Plus, receive documents from Alaska HOSA Advisor. Fill out the forms briefly and return that same day.



Candidate Name _____

General Duties of a State Officer

The following list **is not** all inclusive. All officers will be expected to maintain good grades, and manage their coursework and other activities, while still giving high priority to their position as a State Officer of Alaska HOSA. State officers may be removed from office at any time for not upholding the highest standards, or not fulfilling their duties.

A state officer position is not a passive position; rather it is a working office. You are held up to the highest standards, and are expected to set a good example for all members, maintain a great attitude, and participate as much as possible.

It does not matter where you are located in the state to hold an officer position; it also does not matter how long you have been a HOSA member. What matters most is your desire to lead, willingness to work with others, and help Alaska HOSA grow!

HOSA Officers work as a team, get to know each other well, and are expected to offer suggestions and ideas. It is a great honor to be elected as a State Officer.

All State Officers

- Help plan conferences
- Attend planning meetings and state conference
- Attend National Leadership Conference in June if able
- Attend all monthly State Officer teleconference meetings
- Attend Washington Leadership Academy in Washington, D.C. in September if funded
- Help with any duties as directed by the State Advisors
- Help other officers as needed with their duties
- Work as a team at fundraising for trips, and for AK HOSA

The following dates are mandatory activities that all State officers must attend.

TBA: 4th Quarter	1 st Official Teleconference
TBA	State Officer Training Retreat (if funded)
June:	International Leadership Conference (if funded)
September TBA:	Global Leadership Academy (GLA) (if funded)
Date TBA:	Fall Planning Forum (in October)
Date TBA:	Winter Leadership and Planning (in January)
Date TBA:	Alaska State Leadership Conference (SLC)



Candidate Name _____

Specific Duties of a State Officer

President:

- Serve as the presiding officer of all HOSA State meetings and functions
- Work with other officers to develop an annual State Program of Work
- Work to ensure the goals of AK HOSA are accomplished
- Create agendas for State Officer meetings
- Help plan state conferences and meetings

Vice-President:

- President in the absence of the President and assume duties, if necessary
- Work to ensure the goals of AK HOSA are accomplished
- Serve in any capacity as directed by the President; help with all duties of President as needed
- Attend State Officer meetings

Secretary:

- Record official minutes of State Officer meetings and Board of Director meetings; send typed report of all meetings to State Advisor
- Record attendance for each meeting
- Send correspondence as directed by the President
- Serve in any capacity as directed by the President
- Editor/Publisher for the monthly AK HOSA Newsletter

Historian:

- Help Photographer in taking and collect digital pictures from active HOSA members and chapters
- Plan and develop a multimedia show for State Conferences
- Serve in any capacity as directed by the President

Treasurer:

- Keeps membership records in accordance with the secretary
- Encourages efficient management of chapter funds
- Serves on the fundraising committee
- Devise appropriate means of fundraising

Reporter:

- Work with Historian to assure pictures are taken at all events
- Work with Historian on writing & submitting articles to all local newspapers of events
- Contact media to attend/report on HOSA events
- Work to ensure the accomplishment of the goals of AK HOSA
- Work with the Secretary in the capacity of publishing the monthly AK HOSA newsletter

Parliamentarian

- Be prepared to advise the presiding officer and other chapter members on points of parliamentary procedure
- Have reference material on acceptable parliamentary procedure available
- Be alert and call attention to any significant irregularities with thought about the fair and equal rights of all members
- Assist chapter members in understanding the fundamental purpose of parliamentary procedure
- Be dedicated to seeing that business is conducted with sufficient application of parliamentary procedure



Candidate Name _____

HOSA State Officer Application

Please number
your 1st, 2nd & 3rd
choice of office

President **Vice-President** **Secretary**
 Historian **Parliamentarian** **Reporter**
 Treasure

Name: _____ Age: _____

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

_____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Birth date: _____

Grade in School? _____ 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 initials

Circle your shirt size: S M L XL XXL XXXL

School Principal _____

Chapter Advisor _____

Advisor E-mail _____

School Name _____

School Phone (____) _____ FAX (____) _____

Student Signature _____ Parent/Guardian Name _____

Parent/Guardian Signature _____



Candidate Name _____

HOSA State Officer 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. Why do you want to be a HOSA State Officer? In which office are you most interested?
2. In your own words, how would you describe the mission of HOSA?
3. What is the most important quality for someone planning on a health career?
4. What do you think is the greatest problem facing teenagers today?
5. What experiences have you had as a leader?
6. What personal achievement are you most proud of and why?
7. If elected, how do you plan to increase membership at the local and state levels?
8. What are your future career goals, and how will your experiences with HOSA help you achieve those goals?
9. State officers must maintain a "B" average in school. How do you plan to manage your time efficiently and what would you do if one of your classes was giving you a lot of difficulty?
10. 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?



Candidate Name _____

State Officer Personal Profile

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

Name	Age*	Birthday*	
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)			
Favorite Quote and by whom			
I love HOSA because (keep it short)			



Candidate Name _____

Alaska 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 _____ Neuro/Muscle Problems

_____ Hemophiliac _____ Hearing Aid _____ Wears Glasses/Contacts _____ 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 Shawnie Glenn at 907-232-0935 or Andrea Gelvin at 907-978-6574. Otherwise, this authorization will remain in effect, as of this date, through June, of the following year. Neither Southcentral Area Health Education Center, Alaska 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 print 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 Printed Name & Signature

Date



Candidate Name _____

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 _____

Local Advisor Printed Name _____

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 _____

Printed Parent/guardian name _____

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

Principal's Signature _____ Date _____

Printed Principal Name _____

School Name _____



Candidate Name _____

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 office is responsible for making his or her own travel arrangements.

I understand that this permission form is effective from the State Leadership Conference through the end of the following school year.

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 Alaska HOSA Board of Directors, the national and state HOSA staff, the National, state and local HOSA organizations, 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, or failure to follow instruction from the HOSA State Advisor, 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. Specific time, date and location TBA.

_____	_____
Parent's or Guardian's Signature	Date
Parent/Guardian Printed Name _____	

_____	_____
State Officer Applicant Signature	Date

_____	_____
Print Student's Name	School



Candidate Name _____

Permission to Use Photograph/Photo Release

I hereby grant Alaska HOSA and National HOSA permission to use my likeness in any photograph, video or other digital or print reproduction 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 Alaska 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 others compensation arising or related to the use of the materials. I hereby hold harmless and release Alaska HOSA and National HOSA and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, administrators, or any other persons acting on my behalf.

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 _____, 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)
