

State Officer Candidate Approval Agreement Form



STATE OFFICER CANDIDATE APPROVAL AGREEMENT

Required of all candidates for a state office in the South Dakota HOSA-Secondary

The SD HOSA members who are elected to the executive council of the State Association have many educational and leadership opportunities. They provide similar opportunities for their fellow SD HOSA members. Positive benefits can occur for the students, their advisor/chapter/school and for present/future members of SD HOSA. Support and encouragement by the below-mentioned parties are important to a successful experience. Please discuss the possibilities and potential of this challenging SD HOSA experience before signing this Candidate Approval Agreement. If there are questions, call the SD HOSA state advisor at (605)357-1576.

A. Officer Candidate Agreement

If elected to a state office, I will attend a leadership workshop and two executive council meetings and assume responsibilities for the Fall Leadership Academy and State Leadership Conference and special committee meetings during the year in which I serve. I also understand that I may be required to attend additional meetings should my schedule allow. I will also serve as a leader in helping to train local officers. It is further understood that announcing my candidacy for an office indicates that I desire to fulfill a leadership role to promote and support HOSA in South Dakota. Expenses for executive council meetings will be paid by SD HOSA. Expenses for speaking at an individual chapter's function should be assumed by that chapter.

Candidate's signature _____ Date _____

B. Parent/Guardian Approval Agreement

I understand that if my son/daughter is elected to a state SD HOSA office I will cooperate and support him/her in the fulfillment of the duties and responsibilities of that office.

Parent/Guardian signature _____ Date _____

C. Local Advisor Approval Agreement

I understand that if the above-mentioned candidate is elected to a state office I will become a member of a team that will provide leadership to SD HOSA and that I will need to give extensive support to this officer throughout the year. It will involve attending meetings including state officer training in June, two executive council meetings, the Fall Leadership Academy and State Leadership Conference, and giving guidance and assistance as necessary. I also may be required to attend addition meetings should my schedule allow.

This year advisor's signature _____ Date _____

Next year advisor's signature _____ Date _____

D. Local Administrator Agreement

I understand that if the above-mentioned student is elected to a state office, this officer and his/her advisor will be expected to attend meetings including a leadership workshop, two executive council meetings, one fall Leadership Academy and the State Leadership Conference during the year of service. I also understand that this officer and advisor may be required to attend additional meetings should their schedule allow. I further understand that the executive council meeting expenses within South Dakota will be paid by SD HOSA.

Administrator's signature _____ Date _____

Administrator's title _____