

Ohio HOSA



Ohio HOSA – Future Health Professionals Officer Candidate Application

A chapter may recommend two candidates for Ohio HOSA office. The candidates must be active members in good standing and meet the requirements for active membership during the time he or she serves as an Ohio HOSA officer. This means the candidate must run for an Ohio HOSA office as a current high school sophomore, junior, or senior or a post=secondary candidate while enrolled in a two- or four-year college.

The purpose of this application is to provide the interview committee with updated information on each candidate and provide the initial means for each candidate to express his or her desire and commitment to serve the Ohio HOSA as an Ohio HOSA officer.

An interview schedule will be established and distributed upon receipt of all applications. Specific interview information will be emailed to all candidates and to their HOSA Advisors.

The completed state officer application and Commitment forms with signatures must be postmarked by January 31, 2018 and mailed to the State HOSA Advisor at the below address:

**Jim Scott
5943 Ocala Court
Galloway, OH 43119.**

QUALIFICATIONS AND PREREQUISITES

Ohio HOSA officers are required to perform on a very vigorous and continuous basis. Therefore, it is necessary that those who aspire to become officers are highly qualified, able and willing to perform. Please read and study the major qualifications and prerequisites very closely, and review the attached HOSA calendar of event. **Note: there are many required events, beginning with a 1-day training meeting May 12, 2018.** When you are fully convinced that if elected you will, without any reservations, be fully able to carry out the role and responsibility of an Ohio HOSA officer, then sign and return one copy of the Ohio HOSA Officer Commitment Form with your application.

ROLE OF OHIO HOSA – Future Health Professionals OFFICER

In order for present and future members of the Ohio HOSA officer team all elected Ohio HOSA officers assume the following major areas of responsibility:

1. The Ohio HOSA officers shall execute the Ohio HOSA Program of Activities and shall assist the chapters in the execution of their program of activities.
2. The Ohio HOSA officers motivate, inspire and encourage HOSA members to participate in health occupation and HOSA programs. They assist members in their advancement of health occupations knowledge and development of leadership abilities.
4. The Ohio HOSA officers shall maintain positive relationships with HOSA members, business and industry leaders and organizations, educational organizations, the public and others interested in the health occupations.
5. The Ohio HOSA officers shall project a positive image as a leader among American youth representing those qualities members and society accept as a life style role model.

Ohio HOSA Officer Signature Page

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 all HOSA State Officers.

Read carefully and study the Commitment form and study the statements below before submitting this application to the HOSA State Advisor. After discussing the responsibilities of an Ohio HOSA State Officer with your parents or guardians, your local chapter advisor, and your school administrators, the officer candidates should submit this form along with other required materials to the HOSA State Advisor.

Candidate Statement

If elected as a HOSA State Officer, I will dedicate my year to serving the organization, will serve my entire term of office, will promote the goals and objects of HOSA, will attend all mandatory meeting and events, will project a desirable image of HOSA at all times, and abide by the policies of Ohio HOSA.

Candidate Name _____

Candidate Signature _____

Local Advisor’s Statement

It is my behalf that this candidate will fulfill the responsibilities of an Ohio HOSA State Officer, and I highly recommend this applicant. I have also emailed or mailed the “Advisors Recommendation Form” by January 31, 2018.

Advisor Name _____

Advisor Signature _____

Parent Statement

My son/daughter has our full support to serve as an Ohio HOSA State Officer and will attend all mandatory meetings and events. We further agree that we will provide transportation to/from these events if the school district does not provide such and/or the student does not have a driver’s license.

Parent/Guardian Name _____

Parent/Guardian Signature _____

School Administration/Administrator Statement of Support

Our school will support _____ in successful fulfillment of the duties of an Ohio HOSA State Officer.

Administrator Name and Title _____

Administrator Signature _____

OHIO HOSA OFFICER CANDIDATE APPLICATION

(To be filled out by the Candidate)

IMPORTANT:

Be sure to include with this application: “Why I Desire to Serve as an Ohio HOSA Officer,” limited to a maximum of 350 words.

Name: _____ Male: _____ Female: _____

HOSA Membership ID: _____ Chapter #: _____

Home Phone: (Area Code): _____ State: Ohio Zip Code: _____

Parent’s Email Address: _____

Student’s Cell Phone: (area Code) _____

Student’s Email Address: _____

Date of Birth: _____ Age: _____

Father’s Name: _____ Mother’s Name: _____

HOSA Advisor’s Name(s): _____

HOSA Advisor’s Email(s): _____

Name of HOSA Chapter: _____

Years of Health Occupation Instruction Completed: _____ Current Grade in High School: _____

Date Graduated or will Graduate from High School: _____

Note: A current student high school transcript that includes the first semester of the current year must be attached to the back of this application.

If you will be in college in the fall, where will you be attending? _____

Will you be living at home or on campus? _____

Do you have a valid driver’s license? _____ Yes _____ No

Preferred Interview Time on March 10, 2018 (Check One)

_____ Morning _____ Afternoon _____ Anytime

II. CANDIDATE'S MAJOR HOSA LEADERSHIP ACTIVITIES

Office Held and Related HOSA Activities	LEVEL				
	Chapter	Area, District or Regional	State	National	International

HOSA Awards and Recognitions	LEVEL OF PARTICIPATION				
	Chapter	Area, District or Regional	State	National	International

III. CANDIDATE'S MAJOR SCHOOL AND COMMUNITY ACTIVITIES (NON-HOSA)

Activity	Year

IV. STATEMENT BY APPLICANT

“Why I Desire to Serve as an Ohio HOSA Officer.” (Limited to 350 words.)

Video/Recorded Voice/Photography Release

I hereby give and grant to the Ohio HOSA, Inc. the absolute and unconditional right to use, publish, display, electronically distribute and/or reproduce in any manner, video/recorded voice/photographs that positively promotes the image and benefits of career technology education and the career technical student organization.

I hereby waive any right to inspect or approve the finished video/recorded voice/photographs or any finished materials, copy or other matter which may be used in conjunction with or the manner in which any of the same are used, reproduced, published or displayed.

I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort a person in any way.

Printed Name _____

School _____

Student Signature _____ Date _____

If the above named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below.

Printed Name _____

Signature _____ Date _____