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**Ohio HOSA – Future Health Professionals  
Officer Candidate Application**

A chapter may recommend two secondary and two post-secondary candidates for Ohio HOSA office. Only two candidates from a school can be elected/serve as a state officer during the same year. The candidates must be active members in good standing and meet the requirements for active membership during the time they serve 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 their desire and commitment to serve the Ohio HOSA as an Ohio HOSA State 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 (Pages 2-6 attached) with signatures must be postmarked by January 23, 2019 and mailed to the Ohio HOSA State Advisor at the below address:**

**Ohio HOSA  
Jim Scott  
5943 Ocala Court  
Galloway, OH 43119**

## 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: \_\_\_\_\_

Do you have a current driver's license?  Yes  No License Number: \_\_\_\_\_

Do you have Auto insurance?  Yes  No  Not applicable

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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 Nine Weeks of the current school year must be submitted with this application.

If you are in college this fall, where ae you be enrolled? \_\_\_\_\_

Will you be living at home or on campus? \_\_\_\_\_

**II. CANDIDATE'S MAJOR HOSA LEADERSHIP ACTIVITIES**

Offices Held and Related HOSA Activities	LEVEL – List School Year				
	Chapter	Area, District or Regional	State	National	International

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

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

Activity	Year

Due Postmarked January 23, 2019

IV. STATEMENT BY APPLICANT – *Must be handwritten by the candidate.*

**“Why I Desire to Serve as an Ohio HOSA State 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 technical 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 \_\_\_\_\_

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 \_\_\_\_\_

## 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 Ohio HOSA State Officers are highly qualified, able and willing to assume the responsibilities required of all HOSA State Officers.

I have read carefully and studied the materials in the “Intent to Serve” packet before submitting this application to the Ohio HOSA State Advisor. After discussing the responsibilities of an Ohio HOSA State Officer with my parents/guardians, my local chapter advisor, and my school administrators, I am submitting this application with their full support.

### Candidate Statement

If elected as an OhioHOSA State 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 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 belief \_\_\_\_\_ 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 23, 2019.

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 the successful fulfillment of the duties of an Ohio HOSA State Officer.

Administrator Name and Title \_\_\_\_\_

Administrator Signature \_\_\_\_\_