



**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? _____

Please mark the appropriate choice you wish to be considered for Ohio HOSA State Office and are eligible to be considered.

_____ I am a current sophomore, junior, or senior enrolled in high school and wish to be considered for a secondary position.

_____ I am a current freshman, sophomore, or junior enrolled in a post-secondary/collegiate program or a first-, second-, or third year high school graduate and wish to be considered for the post-secondary vice president position.

_____ Members of the current State Officer team may be elected as the following year's State President or as the Post-Secondary Vice President based upon successful completion of the selection process.

Note: Students who are currently enrolled in a secondary school and simultaneously in a post-secondary/collegiate program (ie. College Credit Plus) may run for a secondary or post-secondary officer position. The student must indicate their choice by indicating their decision on their state officer application.

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 _____