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**2021-2022 State Officer Candidate Application**

**Due January 15, 2021**

**Upload to: TALLO (formerly STEM Premier)**

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| Applicant Information |
| Name: |
| School: |
| HOSA Chapter: |
| Home address: |
| City: | State: | ZIP Code: |
| Current Grade:  | Years of HOSA Membership: |
| Email:  |
| Phone:  |
| HOSA Office Desired:  |
| Parents Name(s):  |
| Parent Email: | Parent Phone: |
| Advisor Name:  |
| Advisor Email:  | Advisor Phone: |
| ***PLEASE ATTACH A PHOTOGRAPH OF THE APPLICANT*** |

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| List five significant leadership positions/experiences you’ve held and what you learned from each. (They do not all have to be offices held or HOSA related.) |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

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| Describe five rewarding HOSA experiences. Why was each one meaningful for you? |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

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| Please list your involvements/commitments in school and community organizations in order of time dedicated to each.  |
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| What special qualities/talents would you bring to a State HOSA Office? |
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| If you were elected, what message would you share with Nebraska HOSA members? |
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| Paint a picture in words of the roles/actions you have used to help a team be successful. Give specific examples. |
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| How will you make your role as a Nebraska HOSA State Officer a priority in your life?  |
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**Please attach a resume along with this application in Tallo.**

REQUIRED RESUME FORMAT

• Your full name, school, state and current grade level. [Do not use home address or phone numbers.]

• HOSA Achievements: i.e. Offices Held [Local, State and International]

• Number of Years You Have Been in HOSA

• Other Achievements: i.e. Honors, Awards, and Offices Held in Other Organizations

• Summary Statement explaining: “Why You Want to Be A HOSA Officer”

Your one-page resume must include the above information but is not limited to only those topics. The resume will be uploaded to your Tallo-powered by STEM Premier application. The resume must be in a professional business format (not in a campaign flyer format). All resumes must follow the above guidelines to be considered as an applicant for candidacy.

**Please provide a letter of recommendation that should be emailed to hosanebraska@gmail.**

* Letters can be provided by advisors, teachers, coaches, and employers.

I understand that as a Nebraska State HOSA officer I am required to devote a significant amount of time during the year to serve the Nebraska HOSA Association. I will devote the time needed to carry out the duties of a state officer.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Date**

**We, the members of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter recommend**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a candidate for State Office.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Local HOSA Officer Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**Advisor Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator Date**

**\*\*If signatures are unattainable emails from NE HOSA will be sent to applicant’s advisor and administrator to confirm support of applicant in their position.**

# **Nebraska HOSA Officer Candidate Agreement Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the qualifications of the Nebraska HOSA State Officer and realize the duties. If elected, I agree to be present and to participate in all required Nebraska HOSA activities during my term of office. And, if elected, I agree to fulfill my duties to the best of my ability. I understand that if I am unable to fulfill my duties as an Officer, I will be asked to step down from my position.

As a Nebraska HOSA State Officer is will be your responsibility to attend the following activities ***(dates are tentative and subject to change***):

* Weekly Meetings via phone or online March 2021-March 2022
* **HOSA State Officer LAUNCH Training – May, 2021 TBA**
* International Leadership Conference June 2021 TBA (as funding is available)
* Business and Industry Visits – June 2021 through March 2022
* Fall Conference Planning – August 2021
* Chapter Leadership Academy – September 2021
* Washington Leadership Academy in Washington DC – September 2021 (as funding is available)
* HOSA Health Science Experiences Conferences – October, November, and December 2021
* State Leadership Conference Planning – January, February, March 2022
* State Leadership Conference – March 2022
* Chapter events as requested

I certify that I am a member in good standing of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter.

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 *Candidate’s Signature Date*

As this Nebraska HOSA State Officer Candidate’s Local Advisor, it is without reservation that I recommend (him / her) as a Nebraska HOSA State Officer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Local Advisor’s Signature*

# **Code of Conduct and Permission to Publish Acknowledgment**

We (officer and parent(s) or guardian) have read and fully understand the Nebraska HOSA State Officer Code of Conduct and agree to comply with these guidelines. Furthermore, we are aware of the consequences that will result from violation of any of the above guidelines.

As a Nebraska HOSA State Officer, the officer’s name, photo, Nebraska HOSA e-mail address, and school contact information will be posted on the Nebraska HOSA web site and in printed documents (publications). The officer’s home contact information will not be published electronically or in printed documents.

I give Nebraska HOSA permission to publish electronically and in printed documents the information and materials as described.

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Officer’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature Date
(if applicant is under age 18)