

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 2023-March 2024
- **HOSA State Officer LAUNCH Training – May, 2023 TBA**
- International Leadership Conference June 2023 TBA (as funding is available)
- Business and Industry Visits – June 2023 through March 2024
- Fall Conference Planning – August 2023
- Chapter Leadership Academy – September 2023
- Washington Leadership Academy in Washington DC – September 2023 (as funding is available)
- HOSA Health Science Experiences Conferences – October, November, and December 2023
- State Leadership Conference Planning – January, February, March 2024
- State Leadership Conference – March 2024
- Chapter events as requested

I certify that I am a member in good standing of the _____ Chapter.

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.

Officer's Name

Officer's Signature

Date

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

Date

