

# Ohio HOSA

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

A chapter may recommend three secondary and two post-secondary candidates for Ohio HOSA State Executive Council. Only two candidates from a school can be elected/serve as a State Executive Council 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 Executive Council Officer. This means the candidate must run for an Ohio HOSA State Executive Council 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 Ohio HOSA as an Ohio HOSA State Executive Council Officer.

An interview schedule will be established and distributed upon receipt of all applications. Specific interview information will be emailed to all candidates and chapter advisor.

**The completed state officer application forms with signatures must be uploaded to Tallo by January 22, 2021.**

**An assigned topic will be sent to candidates on January 24, 2022 and the candidate must upload their 3 to 5-minute speech by February 1, 2022. Speeches should be uploaded to a You Tube link.**

## OHIO HOSA STATE EXECUTIVE COUNCIL CANDIDATE APPLICATION

(To be filled out by the Candidate)

### IMPORTANT:

**Be sure to include with this application: "Why I Desire to Serve as on the Ohio HOSA State Executive Council." limited to a maximum of 350 words. – See Page 5**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

State: Ohio \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (Area 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: \_\_\_\_\_

Secondary Candidates *only*: HOSA Advisor's Name(s): \_\_\_\_\_

Secondary Candidates *only*: HOSA Advisor's Email(s): \_\_\_\_\_

Name of HOSA Chapter: \_\_\_\_\_

Years of Health Sciences Instruction Completed: \_\_\_\_\_

Current Grade in High School: \_\_\_\_\_

Date Graduated or will Graduate from High School: \_\_\_\_\_

**Note: Secondary Candidates *only*: A current unofficial 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? \_\_\_\_\_

Collegiate Students *only*: Major(s)/Minor(s): \_\_\_\_\_

**Please mark the appropriate choice you wish to be considered for Ohio HOSA State Executive Council 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 full-time 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 slated and elected as the following year's State President based upon successful completion of the selection process.

**Note:** Senior students who are currently enrolled in a secondary school and simultaneously in a post-secondary/collegiate program (i.e. College Credit Plus) may run for a secondary Executive Council officer position.

## Upload to Tallo by January 22, 2022

### I. CANDIDATE'S MAJOR HOSA LEADERSHIP ACTIVITIES:

Please share any offices held and related HOSA activities. Include the school year and level the activity occurred: Chapter, Regional, State, National, or International level.

### II. CANDIDATE'S HOSA AWARDS AND RECOGNITION:

Please share any HOSA awards and recognition. Include the school year the award was received and the level: Chapter, Regional, State, National, or International level.

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

Please list and clearly identify the years of each activity.

**Upload to Tallo by January 22, 2022**

**STATEMENT BY APPLICANT –**

**“Why I Desire to Serve as on the Ohio HOSA State Executive Council” (350 words max.)**

**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 Executive Council Officer demands a commitment to the organization. Therefore, it is vital that all members who aspire to become Ohio HOSA State Executive Council Officers are highly qualified, able and willing to assume the responsibilities required of all Ohio HOSA State Executive Council 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 Executive Council 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 Ohio HOSA State Executive Council Officer, I will make Ohio HOSA my **first priority**. 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 Executive Council Officer, and I highly recommend this applicant. I have also emailed or mailed the "Advisors Recommendation Form" by January 22, 2022.

Advisor Name \_\_\_\_\_

Advisor Signature \_\_\_\_\_

### Parent Statement

My son/daughter has our full support to serve as an Ohio HOSA State Executive Council 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 Executive Council Officer.

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

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