OHIO HOSA

OFFICER APPLICATION

2027-2028 STATE EXECUTIVE COUNCIL

OHIO HOSA OFFICER CANDIDATE APPLICATION

(To be filled out by the Candidate)

IMPORTANT: Please print and **MAIL the completed Application** with signatures to:
Ohio HOSA at 5544 Hilliard Rome Office Park, Hilliard, OH 43026.
Only applications received by mail by the end of business on **January 26, 2027** will be considered**.**

Name:_____Male:_____Female:_____

Student Cell Phone: (___)_____Email Address:_____

Date of Birth:_____Age:_____

Home Address:_____State: Ohio_____Zip Code:_____

Driver's License: Yes:__ No: __ License Number:_____

Auto Insurance Company & Policy Number: _____

Father's Name:_____Mother's Name:_____

Parents Email:_____

Name of High School HOSA Chapter:_____

HOSA Advisor Name(s):_____

Current Grade in High School:_____

Years of Health Science Education Completed: _____

Date Graduated or date you will graduate from High School:_____

If you will be in college in the Fall 2027, where will you be attending: _____

Will you be living at home or on campus: _____

Tentative College Major(s) or Minor(s): _____

Note: Applicants must submit an unofficial academic transcript including attendance record. The transcript must include at least the first nine weeks of the current school year.

Note: Applicants who attend a Career Center must include both an unofficial transcript from your Associate (home school) School and your Career Center. A current unofficial high school transcript that includes the first nine weeks of the current school year must be submitted with this application.

I. CANDIDATE'S MAJOR HOSA LEADERSHIP ACTIVITIES

Offices Held and Committees Related HOSA Activities	Position/ Office	Month/Year Elected	Chapter	State

II. CANDIDATE'S HOSA AWARDS AND RECOGNITION

HOSA Awards and Recognitions	**LEVEL & RATING**				
	Year	Chapter	Regional	State	National

III. CANDIDATE'S MAJOR SCHOOL & COMMUNITY ACTIVITIES (NON-HOSA)

Activity	**Year(s)**

“Why I Desire” Statement

“Why I Desire to serve as an Ohio HOSA State Executive Council Member” – 350 Word Limit

Do not use AI in the development of your statement.

Video & Photography Release Form

I hereby grant to the Ohio HOSA, Inc. the unconditional right to use, publish, display, electronically distribute and/or reproduce in any manner, video/recorded voice/photographs that positively promote the organization and career technical education. I waive any right to inspect or approve the finished video/recorded voice/photographs or any finished materials, copy or other matter.

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:_____

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:_____

Ohio HOSA State Executive Council Member Commitment Form

1. Be dedicated and committed to the total program Health Sciences and HOSA.

2. Be willing to commit the entire year to Ohio HOSA activities and consider HOSA Executive Council member activities to be my primary responsibility.

3. Attend all mandatory HOSA events and activities for the entirety of the event.

4. Keep the State Advisor informed concerning any problems you encounter

5. Be willing and able to travel in serving the Ohio HOSA, Inc. using my personal automobile or having transportation provided by my parents and/or chapter advisor.

6. Be knowledgeable of current events in the health sciences field and HOSA.

7. Through preparation and practice, develop myself into an effective public speaker and presenter.

8. Project a desirable image of HOSA at all times.

9. Regularly, and on time, carry out all correspondence.

10. Strive to improve my ability to carry on meaningful and enjoyable conversations with individuals.

11. Accept and search out constructive criticism and evaluation of my total performance.

12. Maintain and protect my health and abstain from any and all use and/or consumption of alcohol, tobacco and illegal substances at all times during my year of service to the HOSA.

13. Treat all HOSA members equally by not favoring one over another.

14. Conduct myself in a manner that commands respect without any display of superiority.

15. Avoid places or activities that in any way would raise questions as to one's moral character or conduct beyond reproach.

16. Use wholesome and appropriate language in all speeches and informal conversations.

17. Maintain proper dress and good grooming for all occasions.

18. Work in harmony with fellow HOSA Executive Council Officers, and not knowingly engage in conversations detrimental to other HOSA members, Executive Council Officers and adults.

19. Be willing to take and follow instructions as directed by those responsible for Ohio HOSA State Executive Council and state and local HOSA programs

20. Refrain from reckless operation of motor vehicles or speeding.

21. Plan ahead and complete activities and assignments, be self-reliant and resourceful.

22. Keep an accurate, current schedule and calendar.

23. Call any concerned parties when you must be late or cannot make an engagement.

24. Serve as a member of a team always maintaining a cooperative attitude.

Signature Page

I have carefully read and understood the Member Commitment form above prior to submitting this application. After discussing the responsibilities of an Ohio HOSA State Executive Council officer I have met 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 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 meetings and events for the entirety of the activity, will always project a desirable image of HOSA, and abide by the policies of Ohio HOSA.

Candidate Name _____ **Signature** _____

Local Advisor's Statement

I recommend _____ as an applicant for State Executive Council. I am confident that he/she will fulfill the responsibilities of a state officer. Our chapter will support him/her in the successful fulfillment of their state officer duties including assisting with transportation and other financial support.

Advisor Name _____ **Signature** _____

Parent Statement

My son/daughter has our full support to serve as an Ohio HOSA State Executive Council Officer and will attend the entire required time of 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. Additionally we agree to assist them financially in order to carry out their responsibilities.

Parent Guardian Name _____ **Signature** _____

School Administration Statement of Support

(High School Students)

Our school will support this candidate in the successful fulfillment of the duties of an Ohio HOSA State Executive Council Officer. Including being excused from school for official Regional, State and International HOSA events.

Administrator Name and Title: _____

Administrator Signature: _____