2015-2016

**So You Want To Be A State HOSA Officer!**

**New York**

**[](http://hosa.org/sites/default/files/u3/HOSA-Rebrand-Logo-Standard-med-res.jpg)**STATE OFFICER CANDIDATE APPLICATION

New York State HOSA |

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**New York State Association of Health Occupations Students of America**

It is not only an honor but also a great responsibility to be a State HOSA Officer. Once elected, there are high standards you must meet and uphold. You will travel, meet people, have new experiences, help train your fellow HOSA members, represent HOSA in various situations, work hard, and have a lot of fun. It can be a year you will never forget. As an officer, you must always remember that you have accepted a binding obligation and cannot relax your efforts until every duty has been fulfilled.

**Who are the Officers?**

The New York State Association of HOSA has the following officers: President, Senior Vice President, Secretary, Treasurer, Historian, Parliamentarian, a Regional Vice President for each designated region of the State and three Adult Post-Secondary Members-at-Large. Chapter delegates at the Annual Spring Conference elect the first six officers in a statewide election. The Regional Vice Presidents must live in the region the member represents. The delegates elect them from their region at the Annual Spring Conference. Adult/Post-Secondary delegates elect the Adult/Post-Secondary Members-at-Large.

**Am I Eligible for State Office?**

* To be eligible for election to a State HOSA office a candidate must:

1. Be an active member in good standing of the Association and of the local HOSA Chapter.

2. Maintain good standing in school.

3. Be endorsed by the local HOSA Chapter, recommended by the local HOSA Chapter Advisor and the school principal, or Occupational Director.

4. Be given approval by the parent or guardian, if secondary level, and as appropriate, if adult/post-secondary level.

5. File an application form according to specified procedure (see page 26)

6. Be enrolled in an approved Health Occupations Education program.

7. Show evidence of commitment to carry out responsibilities of the elected office beyond completion of the Health Occupations Education program, if appropriate.

Ballots will be distributed to the delegates. They will vote secretly and the tellers will count the ballots. The candidate receiving the majority vote is declared the winner. Winners of the election will be announced at that session and installed at the banquet on Thursday evening.

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The responsibilities of each office are listed below. In addition to those specific responsibilities, you will be expected to:

1. Attend Combined Leadership Training Programs during the summer.

2. Participate in Fall Leadership Workshop Planning meeting.

3. Attend Fall Leadership Workshop.

4. Participate in joint mid-winter Executive Council /Board of Trustees Meeting.

5. Attend Spring State Leadership Conference.

6. Participate in Executive Council Meetings and any other meetings as called by the President.

7. Visit schools in your area and appear at functions when requested to do so.

State Officers should be prepared for such expenses necessary to carry out obligations of their offices with assistance from Chapter, Region, and State HOSA (if treasury allows).

***DUTIES OF THE PRESIDENT***

It shall be the duty of the president to preside over the Annual State Leadership Conference, special meetings of the Association, Executive Council meetings; to prepare the annual report; appoint all necessary special committees, and work closely with the State Advisor and the Board of Trustees to promote Chapter and State Association activities and the program of work. The President or designee shall represent the Association in its official activities and business with other organizations and persons.

***DUTIES OF THE SENIOR VICE PRESIDENT***

It shall be the duty of the Senior Vice President to serve in any capacity as directed by the president; assume the duties of the President in the event that office becomes vacant; preside over Association meetings in the absence of the President; coordinate the activities of the Regional Vice presidents; and serve as Chairperson of the Nominating Committee.

**DUTIES OF THE TREASURER**

It shall be the duty of the Treasurer to assist the Executive Treasurer with the collection and deposit of dues and other receipts, and the disbursement of Association funds; to assist in keeping accurate records of receipts, deposits, and disbursements; to provide a complete financial report for the Annual State Leadership Conference; to assist in preparing the annual financial statement of this Association; and to serve the Association in any capacity as may be directed by the President.

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**DUTIES OF THE SECRETARY**

It shall be the duty of the Secretary to record the proceedings of all general and Executive council meetings of this Association: to compile the minutes and other records and reports; and file such minutes, records, and reports promptly to the State Advisor; to call the rolls of chapters, delegates, or members of all Association meetings; and to serve the Association in any capacity as directed by the President.

**DUTIES OF THE HISTORIAN**

It shall be the duty of the Historian to coordinate the public relations and publicity activities of the Association. He/she shall edit the State Newsletter; communicate all news and information about State Association activities to the national organization; and shall write, and collect, compile articles, photographs, and other documents relating to local chapter and Association activities during the term of office. He/she shall prepare an account of the Association; and serve the Association in any capacity as may be directed by the President.

**DUTIES OF THE PARLIAMENTARIAN**

It shall be the duty of the Parliamentarian to serve as an authority and consultant to the presiding officer at all Association meetings and rule on the points of order. He/she shall call attention to all errors in procedures as observed; maintain for reference, and supply on demand, suitable parliamentary references and the Association By-laws; and to serve the Association in any capacity as may be directed by the President**.**

**DUTIES OF THE ADULT/POST-SECONDARY MEMBERS-AT-LARGE**

It shall be the duty of the Adult/Post-Secondary Members-at-Large to promote and develop the organization adult/post-secondary programs throughout the State; to maintain focus on the needs and interests of adult/post-secondary students in all organization activities; and to serve the Association in any capacity as directed by the President.

**What is my Advisor expected to do**?

* Since the Advisor to each State HOSA Officer has shown interest in and approved the officer's candidacy, it is necessary to the welfare of the officer and the Association the Advisor continued active support of the officer. The Advisor will be expected to:

1. Work with the officer to insure all responsibilities are performed promptly and well at the local, state, and national levels.
2. Make sure that adequate transportation to all State HOSA functions is provided to the officer.
3. Assist the officer in preparing and delivering speeches.
4. Accompany the State Officer to all Executive Council meetings and other official functions, and provide guidance and leadership throughout the year.
5. Be available to participate in Statewide HOSA activities at the request of the State Advisor.
6. The Advisors to the President and Senior Vice President, must be willing to serve as members of the Board of Trustees, and attend the Combined Leadership Training Week during the summer following the election.

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**NEW YORK STATE ASSOCIATION OF   
HEALTH OCCUPATIONS STUDENTS OF AMERICA**

**2015 - 2016** **State Officer Candidate** **2015 - 2016**

**Application**

**Instructions:** Please print or type carefully. Supply all information and signatures. Send the completed

application to: Sandra Keller, 114 Stuart Avenue Newark, NY 14513

## Candidate Information PLEASE PRINT CLEARLY

| Name | | | |  | | Date of Birth: | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Address (Street/PO. Box) | | | | | | | | Apartment Number: |
|  |  | | | |  | | Telephone Number: | |
| School/Center and Chapter Name | | | | | | | | |
| School/Center Address City Zip | | | | | | | | |
| Name of Advisor: | | | | | | | | |
| Health Occupations Education Program in which you are currently enrolled: | | | | | | | | |
| Expected Date of Program Completion: | | Grade in School: | Occupational Objective: | | | | | |
| **Brief Summary of your Achievements**  (Include office held, committee assignments, activities in your chapter and other organizations, and any other information, which you think, shows your ability to hold an elected office in the Association. You may attach additional pages as necessary.) | | | | | | | | |

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**Office You Seek**

(please indicate first, second and third choices)

| President Senior Vice President Secretary Treasurer  Historian Parliamentarian Member-at-Large Adult/Post-Secondary  Regional Vice President for Region (See Regional Organization Map)    **NOTE: Candidate must be willing to accept nomination to officers other than first and   second choices, if requested by the Nominating Committee.** |
| --- |
| If your son or daughter should become a State HOSA Officer, your cooperation will be needed in carrying out the responsibilities of office. This may mean that your son or daughter will be away from home at times. The training and experience she/he will receive as an officer, however, will be most valuable. Please sign below indicating that you have read and understand the material in *"So You Want To Be A State HOSA Officer”* and that you fully approve of your son or daughter's candidacy.    Signed: Date:  *Parent or Guardian* |

| It is essential that you are aware of the importance of the Health Occupations Education instructor's role in helping a student to accomplish his/her responsibilities as a State HOSA Officer. The instructor is required to accompany student to all Executive Council functions and to provide guidance and leadership throughout the year.  I certify that, in my opinion, the above designated student is qualified to hold a State HOSA office, and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Health Occupations Education Instructor HOSA Advisor, will be permitted appropriate time to assist the candidate in carrying out the duties and responsibilities of this office.  Signed: Date:  *High School Principal*  Signed: Date:  *Occupational Education Director/Assistant Principal* |
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**To Principal /Occupational Education Director/Assistant Principal**

**To the Health Occupations Education Instructor/Teacher (Advisor)**

| I certify that, in my opinion, the above designated student is qualified to hold a State HOSA office, that she/he is duly enrolled in the Health Occupations Education program entitled:    and maintaining a satisfactory average, that she/he is an active member of the local HOSA chapter, that I have read and understand that material in "So You Want To Be A State HOSA Officer." The student's chapter endorses his/her candidacy, and that I accept the responsibilities of advisor to a State Officer, which includes accompanying the student to all Executive Council functions and providing guidance and leadership throughout the year.  Signed: Date:  *HOSA Advisor* |
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| Health Occupations students accepting a state office must attend all executive council meetings throughout their term of office. Absenteeism from such meetings prevents the officer from effectively carrying out the functions of his/her official role. Therefore, any officer absent two times from a scheduled meeting will be dismissed. The HOSA State Advisor will select a replacement with confirmation made by the HOSA Board of Trustees.  If during the term of office, the conduct of the HOSA Officer is questionable, the local sponsoring chapter advisor or Regional advisor may request the release of the officer from his/her office. A written request will be presented to the New York State HOSA Board of Trustees for action. |
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**To the Candidate**

| I hereby agree to conduct myself at all times in a manner befitting an officer of HOSA, to perform the duties and responsibilities of my office to the best of my ability and to work for the good of the New York State Association of HOSA. I have read and understand the material in *"So You Want To Be A State HOSA Officer."* I agree to accept the attendance and conduct codes.  Signed: Date:  *Candidate* |
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*CANDIDATE INFORMATION SHEET*

*Please write answers directly on this sheet. Handwriting must be legible.*

*Candidate Information*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New York HOSA Region: \_\_\_\_\_\_

Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (Month, Year)

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

City, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (Month, Day, Year)

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent(s)/Guardian(s) Information*

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Advisor Information*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_