# Election Procedures

Montana HOSA student members who are considering running for the Montana HOSA Executive Council, must review the Montana HOSA State Officer Handbook before submitting application.

Students must submit, by March 26th, the following:

* Cover letter
* Completed Application
* HOSA Advisor Letter of Recommendation
* Resume
* Professional Photo

Complete application will have signature of candidate, parent/guardian, advisor, and high school administrator (principal).

Please scan and e-mail, or post to: (No cell phone pictures of any documents, please).

**Linzi Napier, State Officer Coach**  
**Flathead High School  
644 4th Ave West  
Kalispell MT 59901  
Email: napierl@sd5.k12.mt.us**

State Officer Candidates will interview with the Nominating Committee (comprised of Montana HOSA Board members, State Officer, and National Executive Council member) on the first day of SLC. Applications, speeches, and interview responses will be used by the Nominating Committee to determine the position that the state officer candidates are best suited for.

The state officer candidate slate will be announced at SLC Opening Ceremonies. Those students who are selected (up to 5) will be announced on the second day of SLC.

State Officers are required to attend a State Officer Orientation the second day of SLC.

For virtual SLC 2021, candidates will be interviewed prior to state and the results will be shared on April 14th during the live sessions.

**IMPORTANT:** All students who wish to register as candidates for the Montana HOSA Executive Council, must request that their advisor register them, for SLC, as “Executive Council” under OPTIONS.

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text. City: Click or tap here to enter text.   
State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Parent(s) name(s): Click or tap here to enter text. Parent Cell number: Click or tap here to enter text.

Applicant’s School Email Address: Click or tap here to enter text.

Non-school E-mail Address: Click or tap here to enter text.

Current Chapter Affiliation: Click or tap here to enter text.

Health Science or Health Technology class for current academic year: (Please write N/A if your school does not offer any Health Science classes). Click or tap here to enter text. Current GPA: Click or tap here to enter text.

Birth date: Click or tap here to enter text.

Year in School Currently: (10th or 11th) Click or tap here to enter text.

I have read and understand the information provided in the Montana HOSA State Officer Handbook.

Candidate Activities:

1. HOSA Leadership:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

2. School Involvement:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

3. Honors or Awards Received:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.

4. Community Service Activities:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.

5. Other Leadership Roles:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

Verification of Chapter Involvement:

Verifying satisfactory participation in your chapter activities. Please have advisor initial.

1. Attended three HOSA chapter meetings

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| --- | --- | --- |
| Date Click or tap here to enter text. | Initial \_\_\_\_ | |
| Date Click or tap here to enter text. | Initial \_\_\_\_ | | | |  |
| Date Click or tap here to enter text.    2. Participated in three chapter activities | Initial \_\_\_\_ | | | |  |
| Date Click or tap here to enter text. | Activity Click or tap here to enter text. | | | | Initial \_\_\_\_ |
| Role in activity: Click or tap here to enter text. | | | | |  |
| Date Click or tap here to enter text. | Activity Click or tap here to enter text. | | | | Initial \_\_\_\_ |
| Role in activity: Click or tap here to enter text. | | | | |  |
|  |  | | | |  |
| Date Click or tap here to enter text. | Activity Click or tap here to enter text. | | | | Initial \_\_\_\_ |
| Role in activity: Click or tap here to enter text. | | | | |  |
|  | |  | |

Short Essay Questions:

1. Why do you wish to serve as a member of the Montana HOSA Executive Council?

Click or tap here to enter text

1. How can we grow Montana HOSA as a state organization during the upcoming academic year?

Click or tap here to enter text

1. What are some of the biggest challenges you’ve faced as a member of your chapter, and how did you resolve those issues?

Click or tap here to enter text

1. What are your plans in pursuit of your future as a healthcare professional?

Click or tap here to enter text.

# State Officers Code of Conduct

It is the desire of the organization that all members conduct themselves appropriately inside and outside of HOSA events. In order to reinforce the organization's commitment to upholding high standards for the organization, failure to maintain satisfactory performance and to comply with the Officer Code of Conduct and reasonable expectations may result in corrective disciplinary action up to which may include removal from office.

1. Behavior should be professional at all times and reflect positively of you, your school, your state and HOSA.
2. Have at least one or two years remaining in high school.
3. Not hold a state office in another CTSO while serving as a MT HOSA state officer and have an expressed interest in pursuing a health science-related career pathway.
4. Have an advisor at his/her school, parent/guardian\* and school principal who will support the member’s candidacy.
5. The newly elected State Officers will be given an official HOSA uniform and HOSA polo to use for the duration of their term in office. The uniform or polo (as determined by officers or state staff) is to be worn at all official HOSA activities and must be returned clean and in good condition.
6. The State Officer should fulfill his/her duties and obligation as described in the State Officer Candidate Handbook and serve as a role model to other HOSA members. Failure to join HOSA and remain active in your local chapters may result in dismissal.
7. State officers must maintain a 2.5 GPA during their term of service.
8. Any elected officer who fails in performance of his/her duties as documented and signed in their officer application, may be removed by a two-thirds vote of the Executive Committee (MT HOSA Bylaws 5.05). Such removal must be approved by the State Officer’s advisor.
9. All state officers are REQUIRED to attend all state officer meetings, state officer trainings and conferences. State officers are also strongly encouraged to attend the International Leadership Conference and/or Washington Leadership Academy.
10. State officers may not purchase, consume, or be under the influence of alcohol or illegal substances at any time during their term. Violators may be removed from office.
11. Complete duties as described in the individual State Officer Job Descriptions, and submit trimester reports to the State Director.
12. Students who disregard the rules will be subject to disciplinary action and, if attending event, will be sent home at their own expense. Parents will be notified.

\*Exception, emancipation

I have reviewed the State Officer Code of Conduct with my student candidate.

Advisor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Authorization & Support

Local Advisor 's Statement of Support\*

It is my belief that this candidate will fulfill the responsibilities of a HOSA officer and I highly recommend this applicant. I commit to continue hosting this student as a member of my chapter for the coming \_\_\_\_\_\_\_\_\_academic year. If necessary, I may agree to transport student to required events, in accordance with school policy.**\*** MT HOSA reimburses for rental car.

Yes, I may agree to transport No, I cannot agree to transport

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Statement of Support

I approve of my student applying for a HOSA office and if elected, agree that they will be able to devote the time to govern the organization. I will provide the transportation necessary for my student to carry out the duties of a HOSA officer for the Click or tap here to enter text.academic year.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Statement of Support

The School Administration will support this candidate in successful fulfillment of the duties and assignments of a HOSA officer into the Click or tap here to enter text.academic year. The principal agrees to alert the chapter advisor if the student may not be excused for HOSA related responsibilities.

Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Advisor’s transportation response will not affect student’s candidacy. If a student lives within the event host city, the student may submit a MT HOSA Driver’s Waiver and transport himself/herself/themself**.**

# Photo Release

Your image may be used on social media platforms prior to and after the selection process.

I, (name) Click or tap here to enter text. hereby grant and release Montana HOSA permission to use my picture, portrait, photograph, likeness, voice or image for all forms of media and in all manners for any purposes, including but not limited to display or placement in print, radio, television broadcast, or on websites anywhere throughout the United States, and to edit such material on film or videotape for these purposes. I also waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith. However, I understand that I have the right to request cessation of recording or filming and understand that I have the right to rescind consent for use up to a reasonable time before the recording or film is used.

I hereby attest that I have read and agree to the above statement:

State Officer Candidate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_