



# STATE OFFICER CANDIDATE HANDBOOK AND APPLICATION

All completed forms and documents due by  
**February 17, 2023**

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# STATE OFFICER CANDIDATE HANDBOOK

This state officer application packet contains some very important information. Carefully read all the information *prior* to completing any forms or documents.

## ELIGIBILITY

- Only TWO candidates from each chapter may apply for a position on the Student Leadership Executive Council.
- Candidates must be a registered, dues paying and active members of their local HOSA chapter.
- Candidates must be earning *at least* a 3.0 grade point average on a 4-point scale.
- All but the office of Post-Secondary Vice President are open to students in grades 9-12 who have taken or are currently taking a CTE health career class.

## CHOOSING AN OFFICE

Consider the following:

- Positions are based on your current membership classification (Secondary or Post-Secondary).
- Candidates may apply for no more than two offices.
- The Nominating Committee, State Executive Director and State Officer Advisor shall have the authority to nominate candidates for an office other than their preferred office. The candidate may also be nominated for any office in the event there are no other candidates available.
- Regional Vice Presidents must live in and go to school in the region they represent.
- Candidates will have the opportunity to decline a nomination made by the Nominating Committee.
- Candidates cannot hold the same office two years successively.

Offices for which students may apply include:

- President-Elect (two-year term)
- Regional Vice Presidents (based on the location of the school the student is attending or will attend)
  - Region 1 – Eastern Region includes chapters in ESD 101/123
  - Region 2 – Central Region includes chapters in ESD 105/171
  - Region 3 – Southwest Region includes chapters in ESD 112/113
  - Region 4 – Midwest Region includes chapters in ESD 114/121
  - Region 5 – Northwest Region includes chapters in ESD 189
- Post-Secondary/Collegiate Vice President
- Secretary

## APPLICATION & ELECTION PROCESS

Any student seeking candidacy must:

- Submit all required documents and forms (see below for list of documents/forms) by **February 17, 2023**.
- Take the on-line State Officer Candidate Exam during the SLC on-line testing window **February 6<sup>th</sup>-17<sup>th</sup>** (see *State Officer Candidate Study Guide* below for resources and sample exam questions).
- State Officer Candidates will be recognized at Opening Session. Please upload a photo head shot with your HOSA Attire or Professional Attire to Tallo with your application by **February 17, 2023**.
- An interview and recitation of the HOSA creed before the Nomination Committee on **February 25, 2023**.
  - Times and schedule will be announced but all interviews will be completed on this day. Not every candidate will receive an interview. Applications and Online tests will be used by the Nominating Committee to identify qualified candidates.
- “Meet the Candidates” session for facilitated questions and discussion after Opening Session, **March 9, 2023**.
- A 3-5 minute candidate speech before the voting delegates during the Business Session **March 10, 2023**.

Following candidate interviews, the Nominating Committee will announce nominated candidates. Campaigning cannot begin until after the Opening Session. Campaigning is restricted to in person campaigning. Social Media Campaigning will be subject to removal of a State Officer Candidate. Voting will be held at the SLC business meeting. Officers will be installed at the SLC closing session and will assume all responsibilities upon installation.

## REQUIRED CANDIDATE FORMS AND DOCUMENTS

All completed forms and documents must be submitted in pdf format by **February 17<sup>th</sup>** to Tallo

- TALLO: <https://app.tallo.com/application/8843/view> (you must be signed in to Tallo to access the application)

Required forms and documents include:

- State Officer Candidate Application Form
- TWO State Officer Recommendation Forms
- Candidate/Advisor/School/School District Memorandum of Understanding Form
- Employer Notification and Memorandum of Understanding Form
- State Officer Code of Conduct Form
- State Officer Medical Liability Release Form
- State Officer Travel Policy and Release Form
- State Officer Video, Recorded Voice and Photography Release Form
- Transcript (must be currently earning a 3.0 grade average on a 4-point scale)
- Photo of your head shot in HOSA Attire or Professional Attire for Opening Session recognition.
- Resume
- Essay—What would you like to accomplish as a WA HOSA State Officer and briefly explain why you would be a good fit to the WA HOSA team? (Typed, 500 words or less)
- Copy of photo ID that would accommodate TSA travel regulations
- Proof of State and National HOSA Membership (verified by State Advisor, you don't need to submit anything)

**MANDATORY STATE OFFICER ACTIVITIES/EVENTS**

Activity/Event	Anticipated Timeframe
State Officer Training	May 21-23, 2023 (Anticipated Dates)
HOSA International Leadership Conference	June 20-25, 2023
State Officer Meeting Washington ACTE Conference	August 5-7 (Anticipated Dates)
Washington Leadership Academy	September 22-26, 2023 (Anticipated Dates)
WA HOSA Fall Leadership Conference	October/November TBD (two days)
Civic Engagement Day	January/February TBD (two days)
WA HOSA State Leadership Conference	March 12-16, 2024 (Anticipated Dates)
State Leadership Team Meetings	1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday of each month (TBD)

# State Officer Candidate Study Guide

## Resources/Publications to Review:

- Robert's Rules of Order
- HOSA Handbook (<http://www.hosa.org/node/139>)

## Sample Exam Questions:

1. Which of the following competitions is a team event?
  - a. CERT
  - b. Medical Reading
  - c. Sports Medicine
  - d. Medical Photography
  
2. The motion to limit debate may be applied:
  - a. only to the immediately pending question.
  - b. to an entire series of debatable questions.
  - c. to the motion to lay on the table.
  - d. to the privilege motion to recess.
  
3. After members make motions, they should:
  - a. debate the motion.
  - b. remain standing and wait for permission to debate.
  - c. resume their seats.
  - d. sit and wait for another member to ask a question so that debate may proceed
  
4. What content is covered in the Healthcare Issues Exam?
  - a. Licensure criteria for CNA's
  - b. Writing a research paper
  - c. Current events
  - d. The HOSA National Service Project
  
5. The Washington State Officer Advisor is \_\_\_\_\_.
  - a. Ryan Hamilton
  - b. Andrew Goss
  - c. Elizabeth Carnesi
  - d. Karen Hay

## HOSA Creed

I recognize the universal need for quality, compassionate healthcare.

I understand the importance of academic excellence, skills training, and leadership development in my career pathway.

I believe through service to my community and to the world, I will make the best use of my knowledge and talents.

I accept the responsibility of a health professional and seek to find my place on a team equally committed to the well-being of others.

Therefore, I will dedicate myself to promoting health and advancing healthcare as a student, a leader, an educator, and a member of HOSA-Future Health Professionals.



# Washington State HOSA State Officer Candidate Application

Please type or print legibly in pen.

## Candidate Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

CTE Program/Course Enrolled: \_\_\_\_\_

Current Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>      Membership Classification:  Secondary  Post-Secondary

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_      Cell Phone: (      ) \_\_\_\_\_

## Parent(s)/Guardian(s) Information

### Parent/Guardian #1

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Candidate:  Mother  Father  Legal Guardian      Check box if address is the same as Candidate's

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_      Cell Phone: (      ) \_\_\_\_\_

### Parent/Guardian #2

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Candidate:  Mother  Father  Legal Guardian      Check box if address is the same as Candidate's

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Home Phone: (      ) \_\_\_\_\_      Cell Phone: (      ) \_\_\_\_\_

## Chapter Advisor Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Phone: (      ) \_\_\_\_\_      Cell Phone: (      ) \_\_\_\_\_

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

## Chapter/School Information

Name: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

(Continued on next page)

## Office Preferences

In the space provided, write #1 for your preferred choice of office. Write #2 for your second choice.

\_\_\_\_\_ President Elect (2-year term, one as President Elect, the second as President)

\_\_\_\_\_ Regional Vice President (based on the location of the school the student is attending or will attend)

Check the region you would be representing:

- Region 1 – Eastern Region includes chapters in ESD 101/123
- Region 2 – Central Region includes chapters in ESD 105/171
- Region 3 – Southwest Region includes chapters in ESD 112/113
- Region 4 – Midwest Region includes chapters in ESD 114/121
- Region 5 – Northwest Region includes chapters in ESD 189

\_\_\_\_\_ Post-Secondary/Collegiate Vice President

\_\_\_\_\_ Secretary

### Considerations:

- Positions are based on your current membership classification (Secondary or Post-Secondary).
- Candidates may apply for no more than two offices.
- The Nominating Committee, State Executive Director and State Officer Advisor shall have the authority to nominate candidates for an office other than their preferred office. The candidate may also be nominated for any office in the event there are no other candidates available.
- Regional Vice Presidents must live in and go to school in the region they represent. If a Regional Vice President moves and/or attends school outside the region for which they were elected, they will not be eligible to remain in office.
- Candidates will have the opportunity to decline a nomination made by the Nominating Committee.
- Candidates cannot hold the same office two years successively.

## Expectations of Elected Officers

All officers of the Student Leadership Executive Council shall:

- Attend mandatory WA HOSA and HOSA activities/events (see Handbook for activity/event information). Should an officer be unable to attend, they must have their absence excused with the state leadership team prior to the activity/event. Officers missing mandatory activities/events may be put on probation or removed from office.
- Have their membership dues paid in full *before* September 30<sup>th</sup>. Secondary officers shall pay their dues through their local chapter. Post-Secondary/Collegiate Vice President shall pay their dues through the State Advisor.
- Obtain an official HOSA uniform *before* the State Officer Training in May.
- Be responsible for any items supplied by WA HOSA, to maintain them in good condition and have them available at all applicable activities/events. WA HOSA will supply officers with business casual polo shirts to be worn during work and training sessions throughout their term. WA HOSA will also supply name badges which should be worn at all applicable activities/events.
- Provide a copy of their report card/grades at the end of each term for secondary officers and the end of each semester for post-secondary/collegiate officers. If there are issues relating to an officer's academic performance, a meeting with the officer's parents/guardians will be scheduled and a course of action will be determined which may include removal from office.
- State officers are expected to maintain a professional working relationship with their chapter advisors, as well as, the state leadership team.
- Be included on their respective chapter's registration for the FLC, SLC and ILC.
- Cc: the state leadership team when sending email.



# State Officer Candidate Recommendation Form

Recommendations must be made by adults (21+ years of age). Recommendations may not be made by family members/relatives or peers/classmates. A total of *two* recommendations are required.

## Candidate Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Chapter/School Name: \_\_\_\_\_

## Evaluator Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Please evaluate the candidate on the following:

Characteristic	Excellent	Good	Fair	Poor	No Basis to Evaluate	N/A
<b>Dependability</b> —Candidate is prompt, sincere, consistent, truthful and follows directions						
<b>Leadership</b> —Candidate is assertive, able to inspire others, listens and uses good judgment						
<b>Mental Alertness</b> —Candidate is attentive, interested and eager to learn						
<b>Initiative</b> —Candidate accepts responsibility, can work without supervision, works at a steady pace and starts tasks without being prompted						
<b>Team Work</b> —Candidate is adaptable, friendly, tactful, respectful of others and has an appropriate sense of humor						
<b>Attitude</b> —Candidate is positive, honest, practices self-discipline, enthusiastic and motivated						

Please explain why you believe this candidate would make an ideal officer on the WA HOSA Student Leadership Executive Council in the space provided.

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\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date



## Expectations of the Student Candidate

- Be committed to HOSA and promote HOSA's goals and objectives in every way possible.
- Be enrolled in a regularly scheduled health careers program during term of office.
- Be a dues paying state and national HOSA member.
- Attend the current year's State Leadership Conference (SLC) as a candidate for election.
- Accept and fulfill the roles and responsibilities as a member of the Washington HOSA Student Leadership Executive Council as written in the Washington HOSA Bylaws.
- Be in possession of an official HOSA uniform and project a positive and professional image of HOSA all times.
- Represent one's school, advisor, program, state officer team, State Officer Advisor, Executive Director, WA HOSA and the Washington Department of Career and Technical Education with the decorum required of a state officer.
- Student Leadership Executive Council members will refrain from using their name or position on websites and social media (Instagram, Facebook, Twitter, etc.). Washington HOSA does not support or condone the use of its name or logo on any website or social media account not sanctioned by the Washington Department of Career and Technical Education and the WA HOSA Executive Director.
- Maintain a professional image and good grooming in order to project a desirable image of the organization.
- Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the State Officer Advisor and Executive Director.
- Avoid places and actions that could raise questions regarding moral character or conduct.
- Use of alcohol, tobacco or illegal substances at any school, HOSA or Washington Department of Career and Technical Education sponsored event will result in permanent expulsion from the Student Leadership Executive Council.
- Be able to work as a team player, avoiding any display of superiority.
- Treat all members of the organization equally and without discrimination.
- Maintain a positive attitude at all times and present an energetic, upbeat appearance at all times.
- Be willing to spend the necessary time and travel during your term of office.
- No dating is permitted between candidates or state officers, either before or after elections. If you are dating someone and also applying, please discuss this with your advisor, the State Officer Advisor and/or the Executive Director.
- Resign office immediately if at any time commitments and expectations are not met (includes attendance, professional image, official dress, responsibility and conduct).
- Follow the Code of Conduct at all events.
- Failure to follow these rules will result in a meeting with the State Officer Advisor and Executive Director. Dependent on the circumstances surrounding the incident, probation or resignation may be recommended.

## Expectations of the Local Chapter Advisor

- See to it that the state officer follows his/her expectations listed above.
- The state officers are under the direction of the WAHOSA State Officer Advisor and Executive Director.
- Accept responsibilities for their State Officer as requested by the HOSA State Officer Advisor and Executive Director if needed (calendar is attached).
- Assist the state officer at school, workshops and conferences.
- Assist the State Advisor and/or Executive Director as needed.
- Serve as the state officer's positive role model with dress, language, habits, assistance, ethics, etc.

## Expectations of the Candidate's School District

- Recognize the travel and liability of the WA HOSA State Officers fall under the responsibility of WA HOSA.
- If additional documentation needs to be completed, the Local Chapter Advisor will need to coordinate that with the candidate's school district.



# Candidate, Advisor, School and School District Memorandum of Understanding (continued)

*In signing below, I indicate having read and understood all of the expectations of a Washington HOSA State Executive Council Member, the local HOSA chapter advisor and the candidate's school district. I am committed to upholding the responsibilities of my position.*

**Candidate:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Local Chapter Advisor:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School Principal or Administrator:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**School District Superintendent or CTE Director:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Employer Notification and Memorandum of Understanding

## Candidate

It is understood that many students are employed. In order to be a state officer, however, your employer must understand you have responsibilities to Washington HOSA. If elected, there may be occasions when you will need to miss work as a requirement of your office. Please request your current employer complete the information below. If you change jobs or become employed during your term as a Washington HOSA State Officer, you will need to complete this form and submit it to the State Officer Advisor *prior* to accepting the position.

**Employed Candidate's Full Name:** \_\_\_\_\_

**Chapter/School Name:** \_\_\_\_\_

- Office Choice(s):**
- President Elect
  - Regional Vice President
  - Post-Secondary/Collegiate Vice President
  - Secretary

## Employer

*The above named student has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during employment with our company. In signing below, I:*

- Endorse the above named student as a candidate for the WA HOSA Student Leadership Executive Council.
- Understand the responsibilities and time commitment associated with being a WA HOSA State Officer.
- Understand the officer will not be able to work during dates of mandatory activities/events throughout the year.

**Place of Employment:** \_\_\_\_\_

**Employer's/Supervisor's Full Name:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Date



# State Officer Code of Conduct

The Code of Conduct will be strictly enforced. Any infringement of these rules will be cause for resignation and will be dealt with by a committee consisting of two Student Leadership Executive Council members, the State Officer Advisor, Executive Director, and the Board of Directors Chair.

- Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
- State officer conduct is the responsibility of the local chapter and the state HOSA advisor. State officers shall keep both advisors informed of their activities and whereabouts at all times.
- State officer name badges shall be worn at all times.
- State officers are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
- State officers must have a cell phone during their year as an officer.
- State officers must have access to a computer with internet at home during their year as an officer.
- State officers will be assigned an email account. Email is to be checked daily or link it to an account you do check daily. If an officer receives a text or notice of an email, it needs to be checked ASAP.
- State officers will respond to ALL emails, texts and voice mails from the State Officer Advisor and Executive Director within 24 hours.
- ALL communication on social media should be positive, appropriate and about HOSA.
- State Officers are expected to observe the designated curfew (curfew means being in your own room by the designated hour).
- State Officers may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to probation/dismissal.
- State Officers will be in official HOSA uniform or the official informal uniform whenever representing HOSA.

*In signing below, I indicate having read the Code of Conduct and agree to abide by these rules.*

## Candidate:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent/Guardian:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Local Chapter Advisor:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# State Officer Medical Liability Release

State Officer's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate/Emergency Contact Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Local Chapter Advisor's Full Name: \_\_\_\_\_

School/Chapter Name: \_\_\_\_\_

Delegate is covered by group or medical insurance?  No  Yes (If "Yes," provide the following)

Insured's Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical Condition(s)—Check all that apply.

- Allergies: \_\_\_\_\_
- Convulsions: \_\_\_\_\_
- Blackouts: \_\_\_\_\_
- Heart/lung issues: \_\_\_\_\_
- Physical Handicap: \_\_\_\_\_
- Medicine Reactions: \_\_\_\_\_
- Disease of any kind: \_\_\_\_\_
- Other: \_\_\_\_\_

If currently taking medication(s), please list below.

Parent/Guardian (or Student Delegate if 18+ years of age), please check one of the following:

- I give permission for immediate medical treatment as recommended by an attending physician and/or other qualified healthcare provider. Notify me and/or any persons listed above as soon as possible.
- I do not give permission for medical treatment until I have been contacted.

### Liability Release

*In signing below, I certify the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I hereby release the Washington State HOSA Board of Directors, the Washington HOSA State Officer Advisor, Washington HOSA Executive Director, HOSA, Inc., National HOSA Staff, and Local HOSA advisors, local school staff, and any designated individual or group in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student delegate is under the age of 18)

Student Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# State Officer Travel Policy and Release

## Candidate Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Chapter/School Name: \_\_\_\_\_

## Permissions (Parent/Guardian initial all items for which you grant permission)

\_\_\_\_\_ The above named student may utilize *public transportation/shuttle services* by themselves to and/or during official WA HOSA Student Leadership Executive Council functions so long as:

- a. A school employee or parent/guardian drops the student off
- b. An adult representative of WA HOSA picks the students up, providing appropriate follow up supervision

\_\_\_\_\_ The above-named student may be *transported by adult representatives of WA HOSA* to and/or during official WA HOSA Student Leadership Executive Council functions.

\_\_\_\_\_ The above-named student may be *chaperoned by an adult representative of WA HOSA* in the event a school employee or parent/guardian is unable to participate in functions required of state officers.

*In signing below I indicate having read and understood the above WA HOSA student transportation policy.*

## Candidate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent/Guardian:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Local Chapter Advisor:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*As a school official representing the above named student, my signature below acknowledges the modes of transportation their parent/guardian deems acceptable. WA HOSA is responsible for the safe transportation and supervision of state officers.*

## School Official:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# State Officer Video, Recorded Voice and Photography Release

*In signing below, I hereby:*

- Give and grant Washington State HOSA and National HOSA, 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 and technology education through educational materials, trade materials and/or Washington HOSA and National HOSA web sites.
- 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.
- Release the Washington from any liability whatsoever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice photographs, and agree that Washington HOSA shall be the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant to others permission to use them.
- 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 my person on any way.

### Candidate:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>      Membership Classification:  Secondary  Post-Secondary

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian:

If the above named candidate is less than 18 years of age, a parent or guardian shall consent to the above authorization and release by signing below.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Candidate:  Mother  Father  Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_