



## Advisor/Chaperone Code of Conduct

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Advisors/chaperones will project a positive and professional image of Health Career Education and HOSA to all those with whom they interact.
2. Advisors/chaperones will promote HOSA as a positive experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Student conduct is the responsibility of the local chapter advisor. Advisors/chaperones are accountable to and for their students in all WAHOSA-related activities.
4. Advisors understand and follow established processes within the HOSA organization that protect the rights of all members.
5. Advisors are expected to perform all assigned duties.
6. Advisors are proud of the standard of excellence they maintain for themselves and their students; attendance at any WAHOSA function implies acceptance and practice of these standards.
7. Advisors/chaperones attending WAHOSA events may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Advisors/chaperones are to abide by the WAHOSA attire policy at all sessions and workshops.

Failing to follow the Advisor's/Chaperone's Code of Conduct and/or Statement of Assurance, may result in one or more of the following actions:

- Conference with the WAHOSA Board of Directors
- A phone call to the Executive Director
- Written report of the Plan of Action with a copy sent to the Executive Director
- Dismissal from the event or conference
- Recommendation for dismissal from HOSA by the WA HOSA Board of Directors.

WAHOSA reserves the right to skip any of the steps if it is deemed necessary by the Board of Directors and/or the Executive Director.

**In signing below, I indicate I have read the above Code of Conduct and agree to accept and practice these standards.**

\_\_\_\_\_  
Printed Name of Advisor/Chaperone

\_\_\_\_\_  
Advisor/Chaperone Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ By initialing, I grant the OSPI, Career & Technical Education Department, WAHOSA, International HOSA and ACTE permission to make photographs, videotape, broadcasts and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotape, broadcasts and/or sound recording for educational and promotional purposes on any delivery system.