

CTSO STATE OFFICER APPLICATION

Qualifications and Prerequisites:

State Officers are required to perform on a vigorous and continuous basis being self- motivated, and professional. Therefore, it is necessary that those who aspire to become officers are highly qualified, able and willing to perform for the good of the organization. When you are fully convinced that if elected you will, without any reservations, be fully able to carry out the role and responsibility of a State Officer, then sign and please submit the completed application as indicated on page 2.

(please print clearly)

Name: _____

Home Phone: _____

Student email: _____

Home address: _____

City: _____ State: _____ Zip: _____

Parent email: _____

School name: _____

Phone: _____ Mail address: _____

City: _____ State: _____ Zip: _____

Year in school: _____ Age: _____ Years in CTSO: _____

Organization: BPA DECA FCCLA SKILLS USA HOSA

Chapter advisor: _____ email: _____

1) Positions held:

2) Contributions to the chapter:

3) Contributions to the school:

4) Contributions to the community:

5) Contributions to the family:

6) Other contributions to your organization:

Signature Agreement for State Officer Applicant

If I am elected, I agree to fulfill the responsibilities of my office and to attend all meetings and training as required by the state organization and the CTSO Performance Based Assessment Conference. I understand that as a State Officer I am required to devote a minimum of 25 days during the year to serve the CTSO. I will devote the time needed to carry out the duties of a state officer. I understand that I may have to adjust my current sports, extracurricular, and employment activities to fulfill the responsibilities as a state officer.

Signature: _____

Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

This candidate has my recommendation and support to run for state office. If elected, the officer, school or chapter will be financially responsible for costs associated with participation in leadership training, the annual planning meeting, and the annual Performance Based Assessment Conference.

We recommend _____ as a candidate for State Office and will assist him/her in fulfilling the duties and obligations of this office and the activities of the CTSO.

Chapter Advisor: _____

Signature: _____ Date: _____

School Administrator: _____

Signature: _____ Date: _____

Return completed application to the registration desk at the CTSO Performance-Based Assessment Conference.