



**2025-2026**  
**HOSA State Officer Application**

**RESPONSIBILITY COMMITMENT FROM THE STATE OFFICER CANDIDATE**

**IF ELECTED TO A STATE OFFICER POSITION, I AGREE TO:**

- Attend the State Executive Committee Meetings as scheduled and agreed upon by incoming State Officers and State Advisor(s)
- Be dedicated and committed to the Health Science Education Program of Career and Technical Education and VT HOSA.
- Conduct myself as a role model in a manner that commands respect without displaying superiority.
- Behave courteously and respectfully, refraining from language or actions that might discredit VT HOSA.
- Cooperate with my school, advisor, chapter, and state association throughout my year of service.
- Attend all required activities and perform all assigned officer duties as agreed upon.
- Help to keep local and state advisors informed of activities and developments.
- As needed, communicate regularly with State Advisor(s) on events and projects.
- Devote reasonable time and effort to the work and travel requirements.
- Resign from my office if I cannot perform previously agreed upon duties.
- Accept the responsibility of paying for travel expenses if needed to attend possible future in-person meetings/conferences.
- Help write appropriate correspondence (letters, thank you notes, reports, articles, etc.).
- If appropriate, travel to and from HOSA ILC with my local HOSA Advisor.
- Travel to events with parent permission
- Uphold the HOSA image. Any action detrimental to the Professional Image will not be tolerated and may result in disciplinary action up to and including dismissal from the organization.
- Adhere to the State Officer Code of Ethics, including the Professional Image and Dress Code Policy.
- Realize the State Advisor(s) may dismiss me of my title and duties if I cannot meet my obligations reasonably. This decision would be at the State Advisor's discretion in cooperation with the Officer's home school Administration/Advisor and the CTSO Director.

**Name:**

**Signature of State Officer Candidate:**

## **Responsibility Commitment from the State Officer Advisor**

IF MY STUDENT IS ELECTED TO A STATE OFFICER POSITION I AGREE TO:

- Serve as advisor to the office
- Complete all tasks assigned to me by the State Advisor, for example:  
Assisting with registration at events, events prep, chaperoning state officers, assisting with events attended, and escort/supervise the state officer at required state and national events.

Assist the state officer with their roles and responsibilities, which may include but are not limited to the following:

- Encourage Officer's duties are completed
- Monitor officer's academic program and serve as a liaison for school officials, keeping school administration informed of officer activities.
- Assist in securing funds (fundraising) for financial obligations not covered by VT HOSA for any expenses incurred by the state officer.
- Communicate regularly with the State HOSA Advisor regarding State Officer activities.
- Acknowledge that the enforcement of the State Officer Code of Ethics and School Handbook is the responsibility of the local HOSA Advisor. The local advisor will call the school administrator for directions if a violation occurs. Parents will be contacted, and students may be sent home at their own expense.
- Help the state officer to understand the responsibilities of the office held.
- Provide guidance to the state officer regarding their responsibilities.
- Communicate state officer responsibilities, activities, and expenses with local administration and parents as needed, such as through informational email.
- Ensure officer transportation is appropriate and follow district policy when needed.
- Ensure expenses can be paid for the officer and me until reimbursement can be processed on official VT HOSA forms if applicable.

I have read and understand the VT HOSA State Officer Responsibilities

\_\_\_\_\_ Initial

The signature below acknowledges that I have reviewed the candidates' qualifications, I believe this application to be truthful, and that the applicant is qualified for state office.

**Name:**

**Signature of State Officer Candidate Advisor:**

# **PARENTAL CONSENT FORM FOR HOSA EXECUTIVE COMMITTEE**

**Student Name:**

**Date of Birth:**

**Home Address:**

**City:**

**State:**

**Zip:**

**Guardian #1's Name and Phone Numbers:**

**Home:**

**Cell:**

**Work:**

**Guardian#2's Name and Phone Numbers:**

**Home:**

**Cell:**

**Work:**

**If unable to reach a guardian, please notify:**

**Name:**

**Relationship:**

**Emergency Contact's Phone Numbers:**

**Home:**

**Cell:**

**Work:**

**Does your child have any allergies to medication or food?**

**If yes, please list allergies:**

**Please provide any medical information that may be relevant:**

**Student's Physician:**

**Student's Physician phone number:**

\_\_\_\_\_ and his/her parent(s) or guardian(s) agree to release VT HOSA, its officers, advisors, advisory council members, employees, or agents from any liability resulting from any occurrence during the traveling to and from the HOSA Executive Committee meetings and by participating as a state officer in all activities associated with the role of a VT HOSA State Officer.

I also give my child (listed above) permission to receive emergency medical assistance while traveling to and from and attending HOSA State Officer activities/events. I acknowledge that my child has medical insurance, and I have provided the local chapter advisor with a copy of the insurance card.

**IF MY CHILD IS ELECTED TO A STATE OFFICER POSITION I AGREE TO:**

- Provide adequate hospitalization insurance coverage and any other insurance that I deem appropriate and necessary for the officer.
- Release, discharge, and agree to hold harmless VT HOSA, its agents, and employees, including, but not limited to, the Health Sciences State Staff, from all claims, damages, demands, actions, judgments, and executions which the undersigned ever had or now have or may have or which the undersigned's heirs, executors, administrators, or assigns may have or claim to have against VT HOSA, its successors, or assigns for personal injuries, known or unknown, illness or death, and injuries to personal property caused by or arising from HOSA activities.
- Cooperate fully to make it possible for my son/daughter to attend all state leadership team-related functions.
- The state officer is expected to travel to and from the HOSA International Leadership Conference with the HOSA local advisor.
- The state officer may travel alone to designated local HOSA activities, and this is my written consent for that.
- Know that the state officer will adhere to the State Officer Code of Ethics and school Handbook while attending HOSA activities and could be sent home at the parent's expense if the Code of Ethics and school Handbook are not followed.

**CONSENT AND RELEASE - MINOR**

**STUDENT'S NAME:**

I now grant consent, authority, and permission to VT HOSA and to those acting with the authority of that organization to use, reuse, publish, republish the name, statements or comments, likeness, picture, photographic image, videotape or electronic image of the minor (under 19 years of age) listed above, in whole or in part, or composite or distorted, without restriction as to changes or alterations, without prior approval, in conjunction with original or reproductions in color or otherwise, in printed or electronic form, made through any medium or media, for illustration, promotion, advertising, trade, or any other purpose what-so-ever.

I understand and agree that I will not receive any compensation for the use consented herein. I now release and discharge all persons acting under the consent granted above from all liability, cause of action, or claim civil or criminal, by any distorted or use, intentional or otherwise, that may occur or produced in the taking or subsequent processing or publication of my name, statements, comments, or the images covered here-in.

I now warrant that I am of legal age and have the right to contract, consent, or grant release for the minor in the above regard. I also warrant that I have read the above consent and release before its execution and am thoroughly familiar with its contents. This consent and release shall be binding upon me, my heirs, legal representatives, and assigns.

I warrant that the signature below is sufficient to hold me accountable for the consent above and release.

**Signature of Parent/Guardian:**

**Signature of Witness:**

**Date:**