

# APPLICATION

For

## ILLINOIS HOSA OFFICER



### ILLINOIS HOSA

1201 W. New York St., Aurora, IL 60506

Tel. 630.301.6756 • Fax. 630.844.4505

[www.illinoishosa.org](http://www.illinoishosa.org)

# ILLINOIS HOSA OFFICER CANDIDATE PACKET

---

1. Local Chapters **in good standing** may submit only ONE candidate per office but no more than ten (10) total candidates. Candidates must be active members of HOSA. (Article IV, Section 3, HOSA Bylaws)
  - a. President
  - b. Vice President
  - c. Secretary
  - d. Treasurer
  - e. Parliamentarian
  - f. Sentinel
  - g. Historian
  - h. Reporter
  - i. Student Member at Large
  - j. Northern Area Vice President (northern area chapters only)
  - k. Southern Area Vice President (southern area chapters only)
2. The Illinois HOSA Nominating Committee will review all candidate applications prior to the State Leadership Conference.
3. The Illinois HOSA Nominating Committee shall administer the officer candidate written examination at the Annual State Leadership Conference.
4. The Illinois HOSA Nominating Committee will interview all officer candidates before the final slate is determined.
5. Officer candidates will respond to questions by the HOSA Nominating Committee.
6. An orientation meeting for all officer candidates is scheduled on the first day of the Annual State Leadership Conference to review nomination procedures and take the test. [This meeting will take place prior to the opening of the conference.]
7. **Required items for eligibility** - must be sent to the Nominating Committee by February 1. **All items must be submitted together.**
  - (1) Nomination Form
  - (2) Statement of Support
  - (3) Candidate Information Sheet
  - (4) Black and white or color photo
  - (5) Video Introduction

Video Requirements: Be dressed in Official HOSA Uniform; shoot the video from the waist up. Address the following: Name; Year in School; Number of years in HOSA; Why do you want a state officer position on the Executive Council? (Do not refer to a specific office, but cite factors that make the role a great fit for you and IHOSA).
8. **ALL INFORMATION MUST BE SUBMITTED TO TALLO BY THE DEADLINE DATE OF FEBRUARY 1.**

# HOSA

## NOMINATION FORM FOR ILLINOIS OFFICERS

Serving as an ILLINOIS HOSA OFFICER is a twelve-month commitment to the organization. Therefore, it is vital that all members who aspire to become Illinois officers are highly qualified, able, and willing to assume the responsibilities required of all national officers.

Read carefully and study the statement below before submitting this form to your chapter advisor. After discussing the responsibilities of an ILLINOIS HOSA OFFICER with parents, local chapter advisor and school administrators, candidates should submit this form to the chapter advisor for consideration. When the chapter advisor is totally convinced that the candidate will be able to carry out all responsibilities of an ILLINOIS HOSA OFFICER, the chapter advisor will sign this form and send it to the Nominating Committee.

### ILLINOIS OFFICER CANDIDATE'S STATEMENT

If elected an Illinois HOSA Officer, I will dedicate one full year of service to the organization. I will serve my entire term of office and will promote the goals and objectives of HOSA. I will project a desirable image of HOSA at all times. I will be available for the ICCCTSO Officer Training Session during the summer, the Fall Leadership Conference in October, State Leadership Conference in the Spring and 4 meetings throughout the school year. I will fulfill and complete all obligations and assignments that are given me as a member of the HOSA National Executive Council.

Candidate's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Which office do you believe you are best fit to run for and why (1-2 sentences)?

Preference of Office

\_\_\_\_\_

Why? (1-2 Sentences)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* SUBMIT A BLACK AND WHITE OR COLOR PHOTO IN OFFICIAL HOSA UNIFORM**

# HOSA STATEMENT OF SUPPORT

I approve of my son/daughter applying for an Illinois HOSA office and if elected, **agree that he/she will be able to spend the time and have the transportation necessary to carry on the duties of the office.**

---

Signature of Parent of Guardian

The candidate meets the qualifications for office and I recommend him/her as an Illinois officer applicant. **I agree to assist the student with transportation necessary to carry on the duties of the office.**

---

Signature of Local Chapter Advisor

---

Advisor email

This school is supportive of \_\_\_\_\_ being placed as an applicant for consideration for an Illinois HOSA officer because he/she will fulfill the duties successfully if elected.

---

Signature of School Principal/Director/Dean

# HOSA

## CANDIDATE INFORMATION SHEET

Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

School Name \_\_\_\_\_

HOSA Offices Held:	Year:

Health Science Courses Taken:	Year in School: (Sophomore, Junior, Senior, Postsecondary, Collegiate)

Honors/Awards Received (HOSA and Others)

[Continue to Page 2 of the Application]

<b>Participation in Other Activities (School, Community, etc.):</b>

<b>Offices Held in Organizations Other than HOSA:</b>

\_\_\_\_\_ Candidate's Signature

\_\_\_\_\_ Date

# HOSA

## SUGGESTED STUDY REFERENCES FOR THE WRITTEN EXAMINATION

- A. KNOW THE FOLLOWING:
  - 1. HOSA Motto
  - 2. HOSA National Creed
  - 3. National Conference Theme
  - 4. National Officer Titles
  - 5. Duties of the Office Sought
  
- B. REVIEW THE FOLLOWING:
  - 1. History and Background of the National Organization, HOSA Handbook, Section A, Latest Edition.
  - 2. National Bylaws (membership information, organizational structure, voting procedures)
  - 3. Policy and Procedures Manual
  - 4. Parliamentary Procedure —"Robert's Rules of Order, Newly Revised"
  - 5. Current E-HOSA Magazine at [www.hosa.org](http://www.hosa.org)

### **Illinois HOSA Candidate Checklist**

***ALL ITEMS MUST BE SUBMITTED NO LATER THAN FEBRUARY 1.***

- ◆ Nomination Form
- ◆ Statement of Support
- ◆ Candidate Information Sheet
- ◆ Black and White or Color Photo

# HOSA

## INTERVIEW RATING SHEET

This form is NOT to be completed and sent to the Nominating Committee with the Illinois Officer Application. This is a **sample form** that will be used by the nominating committee during interviews at the SLC.

**NAME OF CANDIDATE** \_\_\_\_\_

**INSTRUCTIONS:** The Nominating Committee will rate candidates on their responses to selected questions based on the following.

- 5 = Excellent
- 4 = Very Good
- 3 = Average
- 2 = Fair
- 1 = Needs Improvement

*Criteria*

Appearance:

Grooming	5	4	3	2	1
Posture	5	4	3	2	1
Appropriate Dress	5	4	3	2	1

Oral Interview:

Willingness to serve if elected	5	4	3	2	1
Knowledge of HOSA	5	4	3	2	1
Demonstration of enthusiasm	5	4	3	2	1
Quick response to questions	5	4	3	2	1

Communications Techniques:

Voice -- pronunciation, quality	5	4	3	2	1
Power of expression	5	4	3	2	1
Articulation	5	4	3	2	1
Eye contact with interviewer	5	4	3	2	1

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Interviewer** \_\_\_\_\_

Date \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_