

DELAWARE TSA STATE OFFICER CANDIDATE STATEMENT

State Officer Application Packet - 4.0

We are pleased that you are interested in running for a Delaware TSA State Office; however, before running, we would like to acquaint you with the duties and responsibilities required of State Officers. Our website, www.detsa.org, and the Delaware TSA By-Laws would be a great place to start as well as speaking with a current or former State Officer. This is a student organization and as a State Officer, you hold a great responsibility in the operation and success of the Delaware Technology Student Association.

STATE OFFICER CANDIDATE SCREENING

The State Officer Candidate Packet will be collected Friday, March 9, 2012, and must be received by 4 P.M. at the Delaware Department of Education, 35 Commerce Way, Suite 1, Dover, DE. As a candidate, your application will first go through a screening process; if successful, you will be granted an interview on the evening of March 23, 2012. In order to be eligible to run for office, it is required that you and your advisor attend the March 23, 2012 interview session. This interview session will be for the purpose of determining appropriate candidates to run for TSA office. After a successful interview you will be placed on the ballot for election. Please fill out the TSA state officer application materials and return them by Friday, March 9, 2012, so that an interview time may be arranged. Each interview should take about 15 minutes.

STATE OFFICER ELECTIONS/INSTALLATION

Attendance at the Election and Installation are mandatory. During the TSA State Conference an election will be held – the Conference is on **Thursday, April 26, 2012**. All officer candidates will be excused from school in order to attend. Please feel free to view the current Activities Schedule on www.detsa.org to help determine the time commitment.

STATE OFFICER MEETINGS/FUNCTIONS

State Officers participate in monthly meetings, officer training and work sessions as well as work with TSA members from other schools, states and attend national TSA functions. They also represent Delaware TSA as a delegate in local, state and federal government activities. It is definitely a positive experience. These dates are chosen by all State Officers. Meetings are typically held during the evening after school. In addition, officers will have the opportunity to participate in other TSA related activities as well as serve in a leadership role. The Delaware TSA Leadership and competitive conferences are held during the school day and are sanctioned by the chief school officers of all public school districts in Delaware.

I have read the above statement and understand the expectation to attend and participate in ALL TSA events and functions as scheduled during my term in Office.

Candidate Signature		
· ·		
Date		



State Officer Information

(PLEASE PRINT NEATLY)

Office you are seeking:		
Name:		
Birth Date:	Home Phone:	
Home Address:		
Parent(s) or Guardian:		
School:	Grade:	
Advisor:		
Technology Education course(s) you take this year:		
Other School Activities:		

- 1. (a) Have your local chapter advisor write a <u>letter</u> of recommendation of your qualifications to be a leader of Delaware TSA.
 - (b) Have your school principal or another teacher write a <u>letter</u> of recommendation of your qualifications to be a leader of Delaware TSA.
- 2. Include a <u>letter</u> from the candidate containing your qualifications, why you are seeking office and what you hope to do for members of Delaware TSA.
- 3. Standard essay format using 100 words "what are your plans for the future?"
 - (a) Please title the page and include your name and school on the page.

RETURN TO STATE OFFICE NO LATER THAN 4:00 p.m., Friday, March 9, 2012

All appropriate signatures required.

Please note that it is the expectation that State Officers attend ALL scheduled TSA Events/Functions as a State Officer.

Student Name:
Parent
My child advised me of his/her interest in running for a State TSA Office. And, while understand it is not to interfere with their school work, a number of hours will be required a described on the attached page. I understand all that is involved in his/her running and approve.
Parent's Signature Principal
This is to certify that the above named person has satisfactory grades to be involved in this cocurricular activity.
Principal's Signature
Advisor
This is to certify that the above named student is making satisfactory progress in the instructional area. This co-curricular activity should not be a hindrance to their achieving appropriate skill development.
Advisor's Signature Student
I understand that in being a TSA State Officer, I will be required to attend ALL scheduled functions and give many hours of my own time. I am willing to accept this offer and work as a sofficer to the best of my ability. And, further, I have read the attached page and to move knowledge can successfully participate.
Student's Signature



TECHNOLOGY STUDENT ASSOCIATION STUDENT PERMISSION FORM

	School:	
	PARENT OR GUARDIAN PERM	MISSION:
van/bus/student/advise the Delaware delegation	cer. I understand the Delaware or/family car. My child has been mad	on to attend and participate in Delaware TSA delegation will be traveling by e aware that they are to obey the rules of them. If there is some reason my child be sent home, I will be contacted.
Signature of Par	ent or Guardian	Date
Please Print: Parents ar may be needed during t	,	e illness for which medicine or treatment
Allergies:		
Type of Medicine carrie	d:	
Currently being treated	for:	
Name and address of fa	mily physician:	
Physician's phone:		· · · · · · · · · · · · · · · · · · ·
Name and address of pe	erson to contact in case of illness:	
Contact person's phone	:	
Blue Cross/Blue Shield N	lo.:	
Other Insurance Name a	and No.:	
Secondary Insurance Na	me and Number:	



EMERGENCY MEDICAL TREATMENT (PARENT CONSENT FORM)

l,		
	rdian's Name)	(Relationship)
of		
(Nam	e of TSA Participant)	(Age)
Comp	olete Home Address:	
(inclu	ding Zip)	
(Area code and Hom	ne telephone No.)	
(Area code and Wor	k telephone No.)	
physician or hospita	-	TSA representative to secure the services of ses for necessary services in the event of accident of these costs.
advisors and the ass	signed TSA state staff fro	e and release the school officials, the TSA chapm m any claims for personal injuries or illness who and from, or during the TSA sponsored activit
Medical/hospitalizat	ion carrier policy number	;:
Other Medical Insur	ance:	
Policy Number:		_
	(Signatu	re)
	(Date)	
	(Date)	



DELAWARE DEPARTMENT OF EDUCATION

Parental Authorization

Please check one:	
I hereby grant the Delaware Depart	tment of Education permission to use
	s (Please insert student's FULL name.)
picture for publication purposes only.	
I release and indemnify the Delaware Dep against any claims or causes of action that I or m Department of Education, invasion of my child's r in any way connected with the use or publication of Education.	y child may have against the right of privacy, or any other manner
I do not wish to grant permission to use my child's picture for publication.	o the Delaware Department of Education
Parent/Guardian's signature	Date
Parent/Guardian's printed name	Relationship to above
If in high school, signature of student.	Date
Student's printed name	<u> </u>