



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: _____ Age: _____

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 **letter** of recommendation of your qualifications to be a leader of Delaware TSA.

(b) Have your school principal or another teacher write a **letter** of recommendation of your qualifications to be a leader of Delaware TSA.
2. Include a **letter** 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 I understand it is not to interfere with their school work, a number of hours will be required as described on the attached page. I understand all that is involved in his/her running and I approve.

Parent's Signature

Principal

This is to certify that the above named person has satisfactory grades to be involved in this co-curricular activity.

Principal's Signature

Advisor

This is to certify that the above named student is making satisfactory progress in their 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 an officer to the best of my ability. And, further, I have read the attached page and to my knowledge can successfully participate.

Student's Signature



**TECHNOLOGY STUDENT ASSOCIATION
STUDENT PERMISSION FORM**

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION:

_____ has my permission to attend and participate in **Delaware TSA as a State Officer**. I understand the Delaware TSA delegation will be traveling by **van/bus/student/advisor/family car**. My child has been made aware that they are to obey the rules of the Delaware delegation and of the supervisors assigned to them. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian

Date

Medical Data

Please Print: Parents are asked to list any allergies or possible illness for which medicine or treatment may be needed during the term of office.

Allergies: _____

Type of Medicine carried: _____

Currently being treated for: _____

Name and address of family physician: _____

Physician's phone: _____

Name and address of person to contact in case of illness: _____

Contact person's phone: _____

Blue Cross/Blue Shield No.: _____

Other Insurance Name and No.: _____

Secondary Insurance Name and Number: _____



**EMERGENCY MEDICAL TREATMENT
(PARENT CONSENT FORM)**

I, _____
(Parent/Guardian's Name) (Relationship)

of _____
(Name of TSA Participant) (Age)

Complete Home Address: _____

(including Zip) _____

(Area code and Home telephone No.) _____

(Area code and Work telephone No.) _____

hereby authorize in advance the advisor/TSA representative to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

I also do hereby on behalf of him/her absolve and release the school officials, the TSA chapter advisors and the assigned TSA state staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from, or during the TSA sponsored activity.

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

(Signature)

(Date)



**DELAWARE
DEPARTMENT OF EDUCATION**

Parental Authorization

Please check one:

_____ I hereby grant the Delaware Department of Education permission to use
_____’s (Please insert student’s FULL name.)

picture for publication purposes only.

I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child’s right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.

_____ I do not wish to grant permission to the Delaware Department of Education to use my child’s picture for publication.

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