

## DELAWARE TSA STATE OFFICER CANDIDATE STATEMENT

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](http://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 11, 2011, and must be received by 4 P.M.** at the Delaware Department of Education in 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 April 1, 2011. In order to be eligible to run for office, it is required that you and your advisor attend the April 1, 2011 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 officer application materials and return them by **Friday, March 11, 2011**, so that an interview time may be arranged. Each interview should take about 15 minutes.

### **STATE OFFICER ELECTIONS/INSTALLATION**

The Election and Installation are mandatory. During the TSA State Conference an election will be held – the Conference is on **Wednesday, April 20, 2011**. All officer candidates will be excused from school in order to attend. An Officer Candidate Packet is available from your advisor and is due by **Friday, March 11, 2011**. Please feel free to view the current Activities Schedule on [www.detsa.org](http://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 the 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.**

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Candidate Signature

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Date

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## State Officer Information

(PLEASE PRINT NEATLY)

Office you are seeking: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Parents 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.

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**RETURN TO STATE OFFICE NO LATER THAN**  
**4 pm, Friday, March 11, 2011**  
**PLEASE PROVIDE THE APPROPRIATE SIGNATURES**  
All 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

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## 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: \_\_\_\_\_

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**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)

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**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 and relationship to above.

\_\_\_\_\_  
If in high school, signature of student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s printed name

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