Dear Prospective Candidate,

You have taken the first and most challenging step in becoming a future Georgia HOSA Region Representative: deciding to apply. Becoming a State Officer or Region Representative is such a huge commitment and you have decided to put yourself to the challenge.

Upon completion of this application, if it meets all requirements by being completed in its entirety, you will advance to Phase II where you will complete an exam and interview in Athens. Advancing to Phase III, you will campaign at the 2014 State Leadership Conference- here you will show members why you should be the leader of over 12,000 members across the state! And finally Phase IV, elected officers will be called on stage at the SLC and sworn into office.

With all of this being said, none of it will be possible if you do not understand the commitment you will be making and the responsibility you will be taking on. As a State Officer, you represent over 12,000 members across Georgia, you represent Georgia at the National Leadership Conference and members every single day while you are in office, and have to be conscious and aware of your daily decisions including things such as posts on social media sites and things you say or do. Do not let that discourage you, let it be an encouragement and the realization of the impact you will have in so many people’s lives. Leadership is not a position or a title, it is action and example. Take this opportunity to be a leader.

The Future Starts Now! Do not waste another minute- get started on this application! I hope to see you at Phase II. If I can be of any assistance or answer any questions, please feel free to contact me via email- president@georgiahosa.org.

Best of Luck,

Brooke Vaughan
GA HOSA President 2013-2014
APPLICATION COMPONENTS
To be an eligible candidate each of the following items must be included as part of the officer application, in the order listed below, and received via mail by the stated deadline:

1. Submit the following application pages (all pages included in this guide):
   a. Candidate Information Sheet
   b. Candidate Questionnaire

2. Complete the following application forms including necessary signatures (all forms are included in this guide):
   a. Conduct Form
   b. Officer Candidate Agreement
   c. Region Representative Travel Authorization
   d. Region Representative Medical Release Form
   e. Advisor Assurance Form

3. Submit the following forms from your school:
   a. Submit an official transcript of grades.
   b. Submit a copy of your local school systems travel policy.
   c. Submit an Absenteeism Statement or Letter (attendance record).

4. Submit a one-page in length resume that includes the following items:
   a. Your full name, school, state and current grade level.
   b. HOSA Achievements: i.e. offices held (location, state, and national)
   c. Number of years you have been in HOSA
   d. Other Achievements: i.e. honors, awards, other office positions

5. Submit three (3) letters of recommendation, including:
   a. One from your local HOSA advisor endorsing candidate.

6. Submit a copy of your campaign speech.

7. Submit a picture (must be printed in color on 8.5 x 11 sheet of paper - no attachments).

To be eligible to run for a Region Representative position, each candidate must complete this packet in its entirety. A missing signature could result in disqualification from the candidacy process. Candidates must be in attendance for ALL phases of the candidacy process. The Chapter Advisor is the only person authorized to initiate Region Representative candidate proceedings and must endorse the candidate 100%. The advisor must mail all forms to Georgia HOSA Headquarters by the received deadline.
APPLICATION DEADLINE

Friday, January 31, 2014

Entire application must be received via mail at Georgia HOSA Headquarters by 5pm at this deadline. Faxed applications will not be considered.

Georgia HOSA Headquarters
2061 Experiment Station Road Suite 301-420
Watkinsville, GA 30677

ELIGIBILITY

- Must be endorsed by your Chapter Advisor, School Principal, and parent/guardian
- Member at the secondary level and in good standing with Georgia HOSA
- Satisfactorily pass a Region Representative qualifying exam with a minimum 75%
- The candidate must have a 2.5 or greater GPA on a 4.0 scale
- If a candidate has resigned or been removed from a previous officer team, they are not allowed to run for office again
- A student can serve a maximum of two terms

ELECTED OFFICES

- Region I Representative
- Region II Representative
- Region III Representative
- Region IV Representative
- Region V Representative
- Region VI Representative
- Region VII Representative
The general duties of Region Representatives include:

- **Lead and represent the student membership of Georgia HOSA.**
- **Make visits to local chapters to discuss and encourage further participation of current and new HOSA chapters. This is the primary duty of all Region Representatives.**
- Plan and institute a Program of Work for their term of office.
- Communicate regularly and respond promptly to all inquiries for information. Georgia HOSA Staff must approve of all external communication and be included on all correspondence.
- Officers must check their email at least twice daily.
- Complete all assigned projects and responsibilities to the best of your ability and in a timely manner.
- Attend all required meetings, events, and conference calls for their term of office.
- Represent Georgia HOSA with excellent standards of professionalism, etiquette, and public relations to promote Georgia HOSA.
- Region Representatives must be an active and involved member in their local HOSA chapter.
- Have rehearsed and be ready to deliver all remarks, speeches, and scripts to the best of their ability. This includes prior practice to ensure the best possible presentation.
- Keep a clean, powerful, and positive social media presence. Officers will need to ensure their social media pages are of the utmost professionalism as they will represent the state organization as well as the entire state of Georgia.
CANDIDATE PHASES
Candidates must advance from each phase in order to be an eligible candidate. Only candidates who advance to Phase IV will be eligible for election. The four phases include:

- Phase I - Application
- Phase II - Nominating Committee
- Phase III - Campaigning
- Phase IV – Election

Note: Candidates will only advance through each stage, if they meet the set criteria

Phase I – Application
The application must be completed and submitted in its entirety to be considered. It is the candidate and the advisor to the candidate’s responsibility to have the candidacy forms completed by the candidate and mailed to the Georgia HOSA Headquarters by January 31, 2014.

Phase 2 – Nominating Committee
The candidate and advisor will be notified via email of the candidate’s advancement to Phase II and complete details of location and meeting agenda. Phase II includes eligible candidates meeting with the Georgia HOSA Nominating Committee on February 7-8, 2014 in Athens, Georgia. Candidates should arrive to the Nominating Committee meeting by 7:00 p.m. on Friday and in casual attire. Candidates and their local advisors are required to spend the night at the location of the event. The fee for attending Nominating Committee is $45. Each candidate and their advisor are each required to bring $45 to cover cost of lodging, breakfast and lunch. Each candidate is required to be in official HOSA uniform or a navy blue or black suite for the entirety of the meeting on Saturday- failure to do so will result in a loss of points, which could result in a failure to advance to the next phase.

Candidate Exam
The candidate will be administered an exam that will indicate the candidate’s knowledge of the organization and they must score 80% to advance to the next phase. Test questions will be based on the Georgia HOSA and National HOSA websites, National Handbook for HOSA Chapters (sections A, B, and C). A study guide will be posted on the website for candidates.

Candidate Interview
Candidates will interview with the Nominating Committee to learn more about their HOSA journey and what they hope to accomplish as a Region Representative. The Nominating Committee will consist of a mix of State Staff, current State Officers, and third-party representatives and will determine what position the candidate is best suited for. Candidates
will be rated based on the rating sheet included in this guide. Candidates must receive the minimum score to advance to the next phase.

Candidate Campaign Speech
Each candidate will film his or her 30-second campaign speech for office onsite. Come prepared with your speech memorized. This video will be posted on the Georgia HOSA website and will be shown during the State Leadership Conference. Understand that in addition to this speech, the candidate will also deliver a speech at the Question and Answer Forum at the State Leadership Conference.

Phase III – Campaigning

- All candidates must be in Official HOSA Uniform or navy blue of black suit throughout the entire conference; failure to do so will result in immediate disqualification from the candidacy process. You are not required to be in uniform during time with your chapter nor out of the conference center.
- Onsite campaigning by candidates and/or their representatives may begin after registration for the State Leadership Conference closes and may continue until voting closes.
- Campaign tables will be provided to each officer candidate.
- Campaign materials can include but are not limited to handout materials or posters. Candy and other food items are prohibited. Facility policies do not allow the posting of campaign materials on facility walls.
- Candidate may, but are not required to, incorporate use of social media into their campaigns. Social media campaigning may not begin until the candidate has officially moved on from Phase II and has been announced as an official candidate. It is the responsibility of the candidate to ensure that all campaigning on social media, as well as their public image on social media is kept positive and clean. Any material brought to question by Georgia HOSA could result in disqualification of the candidate.
- Candidates and their campaign teams are responsible for ensuring that no campaign materials are left in any rooms. Each candidate is responsible for picking up his/her own materials. Please refrain from using any possible material that could easily make a mess (i.e. glitter, sequins, etc) as you will be accountable for any possible fees that the facility could issue you.
- To ensure a fair playing field for campaigns there is a $250.00 limit on campaign spending (for booths, promotional materials, give-aways, raffle items, decorations, etc). This includes in kind donations. Candidates may not spend more than $250.00 on their
campaign or have more than $250.00 of items donated or any combination of the two that exceeds $250.00 total. Prices of donated items are to be fair market value and candidates must be prepared to submit receipts documenting their expenditures/donations. Fair market value is to be determined based on what a reasonable person would expect to pay for an item when looking to purchase it and what a reasonable seller would be willing to sell it for.

- During the Opening Session of the State Leadership Conference, the Region Representative candidates will introduce themselves and their campaign slogan.
- Following the Opening Session, there will be a Candidate Question and Answer Forum in which the Region Representative candidates will have 30 seconds to tell the delegation why they deserve to be a Region Representative. During the forum, members will be given an opportunity to ask specific questions to the candidates.
- The candidate speeches filmed during Phase II will be shown at the HOSA Help Desk throughout the State Leadership Conference; chapters will have the opportunity to submit their ballots here.
- Chapters only vote for the Region Representative Candidate in their region.

Phase IV – Election

- Consists of three parts: election by voting delegates, Nominating Committee score and candidate exam. The total of all three parts will be calculated to determine who has been elected to each available office.
  - Voting by voting delegates represents 40% of the election.
  - The candidate’s Nominating Committee score (as calculated on the Candidate Rating Sheet) represents 30% of the election.
  - The candidate’s exam score will constitute 30% of the election.
- Results will be announced at the Grand Awards Ceremony of SLC.
- If elected, the officer will be required to stay an hour and a half after the Grand Awards Ceremony for a mandatory State Officer and Region Representative Briefing. Advisors to the newly elected officers are strongly encouraged to attend as well and are responsible for all information presented at this meeting.
- Those not elected will not serve on the Georgia HOSA Executive Council, unless there is a vacancy, at which point, the candidate with the highest collective score on the rating sheet will be asked to fill the vacancy.
CANDIDATE INFORMATION SHEET

Please write answers directly on this sheet. Handwriting must be legible.

Candidate Information
Name: ___________________________________________________________

School: __________________________________________________________

Georgia HOSA Region: _____

Current Grade Level: _____________________________________________

Expected Graduation Date: _______/___________ (Month, Year)

Home Address: __________________________________________________

City, Zip Code: ___________________________________________________

Date of Birth: _______/_______/_________ (Month, Day, Year)

Home Phone Number: ____________________________________________

Cell Phone Number: ______________________________________________

Email Address: ___________________________________________________

Parent(s)/Guardian(s) Information
Name(s): _________________________________________________________

Cell Phone Number(s): _____________________________________________

Email Address: ___________________________________________________

Advisor Information
Name: ___________________________________________________________

Cell Phone Number: _______________________________________________

Email Address: ___________________________________________________

School Information:
Address: ________________________________________________________________

City, Zip Code: __________________________________________________________

Phone Number: __________________________________________________________

Emergency Contact Information
Name: ___________________________________________________________________

Relation to Candidate: ___________________________________________________________________

Cell Phone Number: ___________________________________________________________________

Alternate Phone Number: ___________________________________________________________________

Financial & Travel Support
Region Representatives are required to provide their own transportation to and from all official functions (officer meetings, trainings, events, school visits, etc.). Please describe your plan for ensuring you can afford to attend all these events (i.e. family support, your own job, school district, community support, etc.).

CANDIDATE ESSAY
In your essay, using a word processor, type your answer to the following questions. Print your essay and submit it with your application. Do not use more than 1 page.

Why are you involved in HOSA? What do you want to pursue in your future? How will being a Georgia HOSA Region Representative help you achieve your goals?
REGION REPRESENTATIVE CODE OF CONDUCT FORM

HOSA and related Educational programs offer training to students with career objectives in the fields of health care and leadership. Because individual conduct and appearance is an aspect of this training, it becomes the responsibility of participant to see that proper conduct is adhered to at all times. Violations of this conduct code will not be tolerated and may result in being sent home at the individual parent and/or guardian expense, removal from HOSA office, forfeiture of awards, suspension from future HOSA activities, and/or other appropriate measures.

- Participants must abide by all regulations of HOSA, appropriate school district policies, and applicable laws and ordinances from the time he/she leaves his/her home or school for any activity and the time he/she returns to the same home or school following the activity.
- Any trouble with the law could result in removal from office.
- Sexual conduct, material, and/or behavior are prohibited during an event. Males and females are not allowed to be in the same room without Georgia HOSA staff or an advisor in the room with you.
- Participants should keep their adult advisors informed of their activities and whereabouts at all times. Identification badges are to be worn at all appropriate times.
- The Dress Code must be followed at all times.
- Any unprofessional postings on a social media network or any posting that oppose the mission of Georgia HOSA will result in immediate removal from office.
- Participants in the presence, and/or having direct knowledge (not hearsay or rumor) of conduct violations must immediately separate themselves from the situation and report the violation to their advisor. Failure to do so will be viewed as the equivalent to participating in the transgression.
- Participants are expected to conduct themselves in a professional leadership manner. If any infractions are documented, consequences will be completed in a timely fashion or face immediate removal from office.
- If participant receives ISS or OSS at the local school level, information will be provided to the Executive Director within three business days.

The Student Conduct Form includes two pages. By signing below the parties agree to abide by all policies and information included on both pages of this form.

______________________________  ___________________
Region Representative Candidate              Date
<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter Advisor</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>School Principal</td>
<td></td>
</tr>
</tbody>
</table>
REGION REPRESENTATIVE CANDIDATE AGREEMENT

Region Representatives agree to uphold and fulfill the responsibilities of their office and the General Duties of all Region Representatives as outlined in this application.

Removal from Office
If any of the following occur, the officer will be removed from the Executive Council:
- Missing or not arriving on time for any official Georgia HOSA meeting or event/conference that is required of region representatives.
- Violations of the Code of Conduct.
- Lacking sufficient preparation and readiness for meetings, conferences, and events on two (2) separate occasions.
- Grades falling below the standard of 2.5 cumulative G.P.A. (on a 4.0 scale) will result in a temporary suspension of duties until the next grading report. If improvement occurs, suspension will be lifted and the State Officer will resume his/her duties. However, if unsatisfactory performance is made with respect to grades, the officer will be dismissed from office.

If the decision is to remove the Region Representative or if the officer resigns, the officer will be required to pay back all expenses incurred during their year of office. Georgia HOSA is committed to providing a top notch leadership experience for our Officer Program and we firmly believe it is one of the best in the nation. Georgia HOSA makes a significant investment each year in the leadership training, professionalism, and travel/lodging expenses of region representatives.

TRAVEL REIMBURSEMENT POLICY
1. For events included in the candidate application that are listed as required events, Georgia HOSA will not provide mileage reimbursement to/from the event. The officer will be responsible for ensuring their own transportation is covered.
2. For additional travel request of an officer, such as additional trips to headquarters to assist Georgia HOSA, the state association will do everything it can to ensure this is not a hardship on an officer.

If any officer has a hardship and is not able to attend required events because of this policy, the officer or their advisor can talk to Georgia HOSA State Staff and we will do everything we can to ensure being a state officer is not a financial burden on the officer.
CALENDAR OF EVENTS

If elected, the candidate agrees to attend the following events in their entirety. Additional events could arise throughout the year that the Region Representatives are required to attend. There will also be other opportunities for travel such as chapter visits.

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Officer Briefing</td>
<td>March 9, 2013</td>
<td>Classic Center, Athens, GA</td>
</tr>
<tr>
<td>State Officer &amp; Region Representative Training</td>
<td>March 28-30, 2014</td>
<td>Georgia HOSA Headquarters</td>
</tr>
<tr>
<td>Region Representative Training</td>
<td>April 11-12, 2014</td>
<td>Georgia HOSA Headquarters</td>
</tr>
<tr>
<td>Officer JumpStart (North, Central, South)</td>
<td>July 22-25, 2014</td>
<td>Statewide</td>
</tr>
<tr>
<td>Fall Leadership Rally</td>
<td>October 8, 2014 (tentative)</td>
<td>Perry, GA</td>
</tr>
<tr>
<td>Fall Leadership Conference</td>
<td>November 3-4, 2014</td>
<td>Atlanta, Georgia (tentative)</td>
</tr>
<tr>
<td>State Leadership Conference</td>
<td>March 5-7, 2015</td>
<td>Athens, GA</td>
</tr>
</tbody>
</table>
REGION REPRESENTATIVE AGREEMENT SIGNATURE PAGE

Includes: Region Representative Responsibilities, Removal from Office, Travel Policy, Calendar of Events and all other pages in this application.

The parent and school agree to:

- Permit the candidate to participate in all scheduled Georgia HOSA activities.
- If the student is elected, permit, and in the case of parents, authorize the student to visit Georgia schools and participate in Georgia HOSA chapter activities for the purpose of conducting official HOSA State Officer business.
- Encourage the candidate to take full benefit of the leadership development experience.
- Arrange necessary travel arrangements for the officer to travel.

All parties release the HOSA, Inc. Board of Directors, Georgia HOSA, Inc. Board of Directors, the National and State HOSA staff, the state and local HOSA organizations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or student’s/child’s participation in or contact with any known element associated with a HOSA activity.

This agreement can be referred to throughout the candidate’s term of office as proof of full support, and permission to all events for their entirety. By signing below the parties agree to abide by all policies and information included on all pages of this application.

______________________________  ______________________
Region Representative Candidate  Date

______________________________  ______________________
Chapter Advisor  Date

______________________________  ______________________
Parent/Guardian  Date

______________________________  ______________________
School Principal  Date
REGION REPRESENTATIVE TRAVEL AUTHORIZATION FORM

All students must adhere to their school district’s student transportation policy and procedures. Please attach a copy of the completed district form pertaining to student travel during the officer candidate’s year and complete the form below. Note: This form covers all official Georgia HOSA functions during the Region Representative’s term in office.

Please list all potential ways the officer may travel to events:
___________________________________________________________________________
___________________________________________________________________________

Travel Authorization (If you do not wish to authorize any of the following travel options below please black out the X next to the item and initial to the left of it).

_X__ The above named student may drive herself/himself to Georgia HOSA functions as part of her/his official responsibilities.

_X__ The above named student can be transported to Georgia HOSA functions as part of his/her official responsibilities by means of X parents and/or X public transportation.

_X__ The above named student will be allowed to ride with other State Officers to get to and/or from Georgia HOSA functions as part of her/his official responsibilities.

_X__ The above named student will be allowed to ride with representatives of the state association or its agents/contractors to get to or during the above function as part of her/his official responsibilities.

_X__ The above named student will be allowed to ride with other state officers DURING Georgia HOSA functions as needed to facilitate transportation. “During” is defined as the time between the scheduled start and finish of the meeting as outlined in this document.

Please note it is the responsibility of the student/advisor/parent/school administrator to arrange other modes of transportation. Missing an event could lead to the student’s dismissal from the team.

The Region Representative Travel Authorization Form includes two pages. As a school administrator, my signature below verifies that the above modes of transportation are not in violation of the School District student transportation policy.
By signing below, I understand and agree to allow my son/daughter/student to travel by the means mentioned above to any Georgia HOSA event.

______________________________________________________________  ______________________
Region Representative Candidate                                  Date

______________________________________________________________  ______________________
Chapter Advisor                                                   Date

______________________________________________________________  ______________________
Parent/Guardian                                                   Date

______________________________________________________________  ______________________
School Principal                                                  Date
MEDICAL RELEASE FORM

DIRECTIONS: The Region Representative Candidate and their parent/guardian must complete this form. This authorization is valid through your term as a Region Representative. PLEASE TYPE OR PRINT NEATLY ALL INFORMATION. Retain a copy for your files.

Home Address: ___________________________         City: __________________________
                ___________________________         Zip Code: __________________________
Home Phone: ___________________________
School Name: ___________________________         School Phone: ___________________________
Principal: ___________________________         Local Advisor: ___________________________
Parent/Guardian Name: ___________________________
Parent/Guardian Work Phone: ___________________________

Emergency Contact
Name: ___________________________         Phone Number: ___________________________
Alternate Name: ___________________________         Phone Number: ___________________________

Medical Background
Please completely describe any medical condition, which may recur or be a factor in medical treatment
1. Allergy __________________________________________________________
2. Physical Handicap _________________________________________________
3. Convulsions _____________________________________________________
4. Medicine Reactions _______________________________________________
5. Blackouts _______________________________________________________
6. Disease of any kind _______________________________________________
7. Heart or Lung Problems ___________________________________________
8. Other (Please be specific) __________________________________________
9. Asthma __________________________________________________________
10. Epilepsy _________________________________________________________
If currently taking any medication, please provide the name(s):
_____________________________________________
_____________________________________________

Physical restrictions or other conditions that should be known:
______________________________________________________________________

Insurance Information
Are you presently covered by group/medical insurance? _____________(Yes or No)
(If yes, complete the following)
Name of Insured
_____________________________________________

Insurance Company__________________________Group #______________Policy #_________

Physician’s Name__________________Phone Number____________________

Office Address____________________________City_________________________

PARENT/GUARDIAN: (if under 18 years of age) Please check one of the following and sign
your name.

A. I give my permission for immediate medical treatment if required in the judgment
of the attending physician. Notify me and/or any persons listed above as soon as possible.

B. I do not give my permission for medical treatment until I have been contacted.

LIABILITY RELEASE:
I certify that the information described above is accurate and complete to the best of my
knowledge. I understand that each individual is responsible for his/her own insurance
coverage, health, and medical wellbeing. I understand that the association and its
agents/contractors are not medical professionals and that communication of any
health issues does not transfer responsibility for care, payment, or insurance
coverage.

Further, on the behalf of the above named student the undersigned absolve and release the
school officials, the HOSA chapter advisors, the HOSA staff/agents/contractors from any
claims for personal injuries/damages which might be sustained while he/she is en route to and
from or during the HOSA officially sponsored activities. I authorize the chapter advisor, HOSA
staff/agents/contractors to secure the services of a doctor, hospital, or other medical attention
for the above named delegate. I will incur the expenses for necessary services in the event of
accident or illness and provide for the payment of these costs.

We have read and agree to abide by the Student Conduct. Should a conduct code violation
occur, law enforcement personnel and or security may be called to assist, and a conduct code
committee may be called with the ultimate punishment being that the student may be
disqualified and sent home at their/family’s expense and/ or be removed from office if in
an officer status. If the delegate is sent home reasonable care shall be exercised to ensure a safe, expedient, and financially feasible mode of transportation back to the home community of the delegate involved. We are aware of the consequences that will result from violation of any of the above guidelines.

I hereby release the chapter advisor, HOSA staff and its agents/contractors or any designated individual in charge of group or specific activities from any legal and financial responsibility with respect to my personal or my student’s/child’s participation.

The Medical Release Form includes three pages. By signing below the parties agree to abide by all policies and information included on all three pages of this form.

__________________________________________  ________________
Region Representative Candidate                      Date

__________________________________________  ________________
Chapter Advisor                                    Date

__________________________________________  ________________
Parent/Guardian                                    Date

__________________________________________  ________________
School Principal                                   Date
ADVISOR ASSURANCE FORM

The chapter advisor must initial beside each item to show understanding and agreement to each of the listed items.

______ I will ensure that my student attends all mandatory events and is on time, prepared, and in the appropriate attire.

______ I understand officers are required to arrive earlier to certain events. This means I will make the appropriate arrangements regarding my chapter and professional leave.

______ I will ensure that my officer checks their emails daily, complies with the deadlines and that I review all correspondence directed towards my officer.

______ As an advisor to a Region Representative, I understand I am expected to assist in workshops, rallies, conferences, and competitions in a variety of duties, which will be outlined by Georgia HOSA.

______________________________  ______________________
Chapter Advisor                  Date

______________________________  ______________________
School Principal                Date
REGION REPRESENTATIVE CANDIDATE RATING SHEET

2014 – 2015 Region Representative Team

Phase I

Checklist for Orderliness:
- Candidate Information Sheet
- Candidate Essay
- Conduct Form
- Officer Candidate Agreement
- Travel Authorization Form
- Medical Release Form
- Advisor Assurance Form
- Transcript
- Copy of School System’s Travel Policy
- Absenteeism Statement or Letter
- Resume
- Two (2) Letters of Recommendation
  - One from Advisor
- Campaign Speech
- Picture (8.5 x 11)
- Region Representative Candidate Rating Sheet (Phase I-2)

### Application

<table>
<thead>
<tr>
<th>Orderliness</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Completeness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

**Total Application Points (out of 15)**

### Transcript

<table>
<thead>
<tr>
<th>GPA</th>
<th>2.5 - 3.4 (2 points earned)</th>
<th>3.5 - 4.0 (5 points earned)</th>
</tr>
</thead>
</table>

**Total Transcript Points (out of 5)**

Total Points Received (out of 20):_
Total Points Required for Phase I: 11

Advancement to Phase II: Yes No
## REGION REPRESENTATIVE CANDIDATE RATING SHEET

2014 – 2015 Region Representative Team

### Phase II

<table>
<thead>
<tr>
<th>Exam</th>
<th>Score Required to Advance to Phase II</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Appearance</strong></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Posture</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Clothing (pressed, polished, etc.)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Oral Interview</strong></td>
<td></td>
</tr>
<tr>
<td>Willingness to serve if elected</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Knowledge of HOSA, Career &amp; Technical Education</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Content of responses</td>
<td>2 4 6 8 10</td>
</tr>
<tr>
<td><strong>Communication Techniques</strong></td>
<td></td>
</tr>
<tr>
<td>Voice-Pronunciation, Diction</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>English usage</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Eye contact with interviewer</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**Total Interview Points (out of 55)**

Total Points Received (out of 55): 
Total Points Required for Phase III: 33

**Advancement to Phase III:** Yes  No