

**Business Professionals of America  
Delaware Association**

**STATE OFFICER INTEREST FORM**

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

National Member:            Yes            No

Number of years in the organization and offices held (local & state): \_\_\_\_\_

Business subjects completed or currently enrolled in (subject, grade, and year): \_\_\_\_\_

Other activities: \_\_\_\_\_

Will any of the activities listed above interfere with your responsibilities should you be elected to the State Officer Leadership Team?

\_\_\_\_\_

How does holding a State Office relate to your educational and career goals? \_\_\_\_\_

In 100 words or less, explain your qualifications and why you believe you are a good candidate for the State Officer Leadership Team. **This statement will be used EXACTLY AS SUBMITTED (please type) for a Candidate Profile Sheet to be reviewed by delegates at the State Leadership Conference.** \_\_\_\_\_

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

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**Certification**

To the best of my knowledge, \_\_\_\_\_ meets the qualifications to be a state officer. The applicant agrees to adhere to the state officer candidate rules and regulations. If elected, he/she will receive the enthusiastic support of the school, chapter, advisor, and family members in the execution of duties of the office.

Date \_\_\_\_\_ Candidate \_\_\_\_\_

Date \_\_\_\_\_ Principal/Designee \_\_\_\_\_

Date \_\_\_\_\_ Local Advisor \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Return to: Lisa Stoner-Torbert, State Advisor  
Business Professionals of America  
Department of Education  
35 Commerce Way  
Dover, DE 19904  
SLC N510

**DEADLINE: January 17, 2012**

The Delaware Association of Business Professionals of America is a resource and support organization that does not select, control or supervise local chapter or individual member activities except as expressly provided for in Delaware Association of Business Professionals of America's constitution, bylaws, or policies.

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Delaware Association**

**STATE OFFICER COMMITMENT FORM**

**As a candidate for a State Officer position with the Delaware Association of Business Professionals of America, Secondary Division I understand and agree. . .**

1. that the specific office to which I may be elected will be decided by the Voting delegates, and that I will accept that decision,
2. that I will accept and fulfill the responsibilities of the office to which I may be elected, and that I will serve with dignity in order to promote a positive image for our National, State, and Local associations,
3. that official Association attire is required at all State Association and official meetings, and that I will care for the State Association blazer and official attire as though it were my own,
4. that my term of office, if elected, begins at the close of the National Leadership Conference 2009 and concludes at the end of the National Leadership Conference 2010, that I will attend all State Association meetings and conferences, including but not limited to the following, and that absence from a meeting will have prior approval by the Assistant State Advisor
  - a. Summer Training, June 18-22, 2012
  - b. Monthly State Officer Meetings, April, 2012 – April, 2013 (first meeting April 16, 2012)
  - c. Fall Leadership Conferences, October and/or November, 2012
  - d. Winter Planning/Officer Information Session, February, 2013
  - e. State Leadership Conference, February, 2013
5. that by missing **Summer Training** or more than **two** meetings or mandatory activities, I am subject to removal from office as determined by the State Officer Leadership Team and the Board of Directors
6. that my expenses for lodging, meals, and registration fees while attending State Association meetings will be paid by the State Association, but that transportation and other miscellaneous expenses will be my financial responsibility,
7. that I will conduct myself with honor and dignity, upholding the Delaware Delegate Conduct Rules at all official meetings; and further, I will conduct myself according to the policies and procedures of the school where I am currently a student,
8. that I may be asked to resign my office should I miss more than two meetings or fail to fulfill any of my official responsibilities.

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Candidate's Signature / Date

**Chapter Advisor**

As the Chapter Advisor of a prospective State Officer, I:

1. acknowledge that I have reviewed and discussed the foregoing Office Candidate commitment with our chapter's candidate,
2. understand that I may need to assist my candidate with the responsibilities of the office to which he/she may be elected and further, that I agree to accept this responsibility.

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Advisor's Signature / Date

**Parent/Guardian**

As the parent/guardian of a prospective State Officer, I:

1. understand that, if elected, my son/daughter will represent the Delaware Association at various meetings throughout the year; and that incurred expenses to attend these meetings may not necessarily be paid by the State Association and will be the responsibility of the officer and/or parent(s),
2. understand that the Chapter Advisor will assist my son/daughter in the fulfillment of his/her responsibilities, but that neither they, the school, nor the National or State Associations of Business Professionals of America, their representatives or assignees will be responsible for errors of omission, accidental injury, or death while my son/daughter is participating in any function of the National, State or Local Associations,
3. give my permission for my son/daughter to be a candidate for a State Office, and agree to support him/her in fulfilling the responsibilities of the office, if elected.

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Parent/Guardian's Signature / Date

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