

Phillip O. Berry - HOSA  
Health Occupations Students of America  
**HOSA Chapter Officer Application**

Candidate Name \_\_\_\_\_ Grade \_\_\_\_\_

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

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. HOSA Offices held in the past: \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_

2. Honors/Awards (Health Sciences/HOSA and others) \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_

3. Participation in Other Activities (School, Community) \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_

4. Other Leadership Experience \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_

5. Answer the following questions on a separate sheet of paper ***(must be typed)*** and attach.

1. Why do you want to be \_\_\_\_\_? (Office Title) (President, Vice, President, Secretary, Treasurer, Historian, Reporter, Class Representative)
2. What qualifications do you think you possess that would make you a successful office in this position?
3. How can you make this the most successful year for POB's HOSA Chapter?

**Please circle your response.**

6. I understand the duties and responsibilities of the office for which I want to run. Yes No

7. I will attend all required chapter meetings and will adjust my schedule to attend HOSA Fall Leadership Academy and HOSA State Leadership Conference (if eligible). Yes No

8. I understand that officers are expected to act as role models for the chapter and support ALL chapter activities. Yes No

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