



STATE OFFICER CANDIDATE HANDBOOK AND APPLICATION

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STATE OFFICER CANDIDATE HANDBOOK

This state officer application packet contains some very important information. Carefully read all the information prior to completing any forms or documents.

ELIGIBILITY

- Only TWO candidates from each chapter may apply for a position on the Student Leadership Executive Council.
- Candidates must be registered, dues paying and active members of their local HOSA chapter.
- Candidates must be earning at least a 3.0 grade point average on a 4-point scale.
- All but the office of Postsecondary Vice President are open to students in grades 9-12 during the 2026-2027 Academic Year, who have taken or are currently taking a CTE health career class.

CHOOSING AN OFFICE

Consider the following:

- Positions are based on your current membership classification (Secondary or Postsecondary).
- Candidates may indicate their preference for no more than two offices.
- The Nominating Committee, State Executive Director and State Officer Advisor shall have the authority to nominate candidates for an office other than their preferred office. The candidate may also be nominated for any office in the event there are no other candidates available.
- Regional Vice Presidents must live in and go to school in the region they represent.
- Candidates will have the opportunity to decline a nomination made by the Nominating Committee.
- State Officers may only serve 2 consecutive terms of office, with the exception of President-Elect.

Offices for which students may apply:

- President-Elect (two-year term)
- Regional Vice Presidents (based on the location of the school the student is attending or will attend)
 - Northeast Region
 - Northwest Region
 - Central Region

- Southeast Region
- Southwest Region
- Postsecondary/Collegiate Vice President
- Secretary

APPLICATION & ELECTION PROCESS

Any student seeking candidacy must:

- Submit all required documents and forms (see below for list of documents/forms) February 15th via the Wyoming HOSA website student section.
- Take the on-line State Officer Candidate Exam during the State Leadership Conference (SLC) on-line testing window (see State Office Candidate Study Guide below for resources and sample exam questions).
- Upload a photo head shot in official HOSA uniform or professional attire with your application. State Officer Candidates will be recognized in the Opening Session slideshow.
- Be interviewed and recite the HOSA creed before the Nomination Committee over Zoom. Not every candidate will receive an interview. Applications and on-line test results will be used by the Nominating Committee to identify candidates to be interviewed. Interviews will occur during the SLC .
- After the interviews the Nomination Committee will identify and slate the most qualified candidates. Candidates will participate in the following at the State Leadership Conference (SLC), both occurring in the spring:
 - “Meet the Candidates” session for facilitated questions and discussion
 - Business Session to present a 2-minute speech, before the assembled voting delegates
- Campaign-Campaigning cannot begin until after the Opening Session at the SLC. Campaigning is restricted to in-person interactions. No handouts are allowed. Campaigning via social media is NOT permitted and offending candidates will be subject to removal as a State Officer Candidate.
- Voting will be held at the SLC business meeting. Elected officers will be installed at the SLC recognition session and will assume all responsibilities following SLC.

REQUIRED CANDIDATE FORMS AND DOCUMENTS

All completed forms and documents must be submitted in pdf format by February 15th via an email to advisor@wyoming.org.

Required forms and documents include:

- Application Form
- Essay Form
- TWO Recommendation Forms (one of which must be from the candidate’s chapter advisor)
- Candidate/Advisor/School/School District Memorandum of Understanding Form
- Employer Notification and Memorandum of Understanding Form
- State Officer Code of Conduct Form
- State Officer Medical Liability Release Form
- State Officer Travel Policy and Release Form
- State Officer Video, Recorded Voice and Photography Release Form
- Transcript (must be currently earning a 3.0 grade average on a 4-point scale)
- Photo of your head shot in official HOSA uniform or professional attire for Opening Session recognition
- Resume
- Copy of photo ID that would accommodate TSA travel regulations
- Proof of HOSA Membership (verified by State Officer Advisor, you don’t need to submit anything)

MANDATORY STATE OFFICER ACTIVITIES/EVENTS

We recognize this commitment requires some missed days of school. Review these dates with your parents, advisors, and administrators to confirm your availability to serve Wyoming HOSA.

| Activity/Event | Anticipated Timeframe |
|---|------------------------------|
| State Officer Training | TBD |
| HOSA International Leadership Conference (Not Mandatory) | June 2027 |
| Wyoming Fall Leadership Conference | Fall 2026 |
| Wyoming State Leadership Conference | Spring 2027 |
| State Leadership Meetings | TBD |
| WYCTE Conference | June 2027 |

STUDY GUIDE AND RESOURCES

Resources/Publications

- [Robert's Rules of Order](#)
- [HOSA Handbook](#)

Sample Exam Questions

1. Which of the following competitions is a team event?
 - a. CERT
 - b. Medical Reading
 - c. Sports Medicine
 - d. Medical Photography
2. The motion to limit debate may be applied:
 - a. only to the immediately pending question.
 - b. to an entire series of debatable questions.
 - c. to the motion to lay on the table.
 - d. to the privilege motion to recess.
3. After members make motions, they should:
 - a. debate the motion.
 - b. remain standing and wait for permission to debate.
 - c. resume their seats.
 - d. sit and wait for another member to ask a question so that debate may proceed
4. What content is covered in the Healthcare Issues Exam?
 - a. Licensure criteria for CNA's
 - b. Writing a research paper
 - c. Current events
 - d. The HOSA National Service Project
5. The WHOSA State Officer Advisor is _____.
 - a. Kara Beech
 - b. Tammy Macy

HOSA Creed

I recognize the universal need for quality, compassionate healthcare.

I understand the importance of academic excellence, skills training, and leadership development in my career pathway.

I believe through service to my community and to the world, I will make the best use of my knowledge and talents.

I accept the responsibility of a health professional and seek to find my place on a team equally committed to the wellbeing of others.

Therefore, I will dedicate myself to promoting health and advancing healthcare as a student, a leader, an educator, and a member of HOSA-Future Health Professionals.



State Officer Candidate Application

Candidate Information

First Name: _____ MI: _____ Last Name: _____
CTE Program/Course Enrolled: _____
Current Grade: ___ 9 th ___ 10th ___ 11th ___ 12th
Membership Classification: ___ Secondary ___ Post-Secondary ___ Year in College Date of Birth: ___/___/___ Email: _____
Street Address: _____
City: _____ State: WY Zip Code: _____
Home Phone: (____) _____ Cell Phone:(____) _____

Parent(s)/Guardian(s) Information

Parent/Guardian #1

First Name: _____ MI: _____ Last Name: _____
Relationship to Candidate: ___ Mother ___ Father ___ Legal Guardian
 Check box if address is the same as Candidate's
Street Address: _____
City: _____ State: WY Zip Code: _____
Home Phone: (____) _____ Cell Phone:(____) _____

Parent/Guardian #2

First Name: _____ MI: _____ Last Name: _____
Relationship to Candidate: ___ Mother ___ Father ___ Legal Guardian
 Check box if address is the same as Candidate's
Street Address: _____
City: _____ State: WY Zip Code: _____
Home Phone: (____) _____ Cell Phone:(____) _____

Chapter Advisor Information

First Name: _____ MI: _____ Last Name: _____
Work Phone: (____) _____ Cell Phone:(____) _____
Email Address: _____

Chapter/School Information

Name: _____ Phone: (____) _____
Street Address: _____
City: _____ State: WY Zip Code: _____

Office Preferences

In the space provided, write #1 for your preferred choice of office. Write #2 for your second choice.

_____ President Elect (2-year term, one as President Elect, the second as President) _____

_____ Regional Vice President (based on the location of the school the student is attending or will attend)

Check the region you would be representing: Regions are based on the 26-27 Wyoming HOSA Regions.

Region 1 – Northeast Region

Region 2 – Northwest Region

Region 3 – Central Region

Region 4 – Southeast Region

Region 5 – Southwest Region

_____ Postsecondary/Collegiate Vice President

_____ Secretary

Considerations:

- Positions are based on your current membership classification (Secondary or Postsecondary).
- Candidates may apply for no more than two offices.
- The Nominating Committee, State Executive Director and State Officer Advisor shall have the authority to nominate candidates for an office other than their preferred office. The candidate may also be nominated for any office in the event there are no other candidates available.
- Regional Vice Presidents must live in and go to school in the region they represent. If a Regional Vice President moves and/or attends school outside the region for which they were elected, they will not be eligible to remain in office.
- Candidates will have the opportunity to decline a nomination made by the Nominating Committee.
- Except for the President-Elect succeeding to the Presidency, state officers may seek re-election to the same or any other office within the same division.

Expectations of Elected Officers

All officers of the Student Leadership Executive Council shall:

- Attend mandatory Wyoming HOSA and HOSA activities/events (see Handbook for activity/event information). Should an officer be unable to attend, they must have their absence excused with the state leadership team prior to the activity/event. Officers missing mandatory activities/events may be put on probation or removed from office.
- Have their membership dues paid in full before September 30th. Secondary officers shall pay their dues through their local chapter. Postsecondary/Collegiate Vice President shall pay their dues through the State Advisor.

- Obtain an official HOSA uniform and designated Wyoming HOSA attire before the State Officer Training in May.
- Be responsible for any items supplied by Wyoming HOSA, to maintain them in good condition and have them available at all applicable activities/events. Wyoming HOSA will supply officers with business casual polo shirts to be worn during work and training sessions throughout their term. Wyoming HOSA will also supply name badges which should be worn at all applicable activities/events.
- Provide a copy of their report card/grades at the end of each term for secondary officers and the end of each semester for postsecondary/collegiate officers. If there are issues relating to an officer's academic performance, a meeting with the officer's parents/guardians will be scheduled and a course of action will be determined which may include removal from office.
- State officers are expected to maintain a professional working relationship with their chapter advisors, as well as, the state leadership team.
- Be included on their respective chapter's registration for the FLC, SLC and ILC.
- Be timely in responding to email and other communications. Cc: the state leadership team when sending email.



State Officer Candidate Essay Form

Candidate Information

First Name: _____ MI: _____ Last Name: _____

Chapter/School Name: _____

Skill Self Reflection

Briefly assess the skills that you have that you believe would be beneficial as a Wyoming HOSA State Officer. This is more for the State Officer Advisor to have an idea of what development might need to be included in the State Officer Training.

Essay

Respond to the following prompts; 500 words or less, typed in the box below or add an additional page.

Explain why you would be a good fit as a member of the Wyoming HOSA team, considering you as a leader, team member, considering the goals that you would want to accomplish, and the responsibility to represent Wyoming HOSA as a Future Health Professional.



State Officer Candidate Chapter Advisor Recommendation Form

Candidate Information

First Name: _____ MI: _____ Last Name: _____
 Chapter/School Name: _____

Advisor Information

First Name: _____ MI: _____ Last Name: _____

Please evaluate the candidate on the following:

| Characteristic | Excellent | Good | Fair | Poor | No Basis to Evaluate | N/A |
|---|-----------|------|------|------|----------------------|-----|
| Dependability —Candidate is prompt, sincere, consistent, truthful and follows directions | | | | | | |
| Leadership —Candidate is assertive, able to inspire others, listens and uses good judgment | | | | | | |
| Mental Alertness —Candidate is attentive, interested and eager to learn | | | | | | |
| Initiative —Candidate accepts responsibility, can work without supervision, works at a steady pace and starts tasks without being prompted | | | | | | |
| Team Work —Candidate is adaptable, friendly, tactful, respectful of others and has an appropriate sense of humor | | | | | | |
| Attitude —Candidate is positive, honest, practices self-discipline, enthusiastic and motivated | | | | | | |

Please explain why you believe this candidate would make an ideal officer on the Wyoming HOSA Student Leadership Executive Council below or add an additional page.

Advisor Signature

Date



State Officer Candidate Recommendation Form

This recommendation must be made by an adult (21+ years of age) who is NOT a family member/relative or peer/classmate. It constitutes the second of two required Recommendation Forms.

Candidate Information

First Name: _____ MI: _____ Last Name: _____
 Chapter/School Name: _____

Evaluator Information

First Name: _____ MI: _____ Last Name: _____
 Relationship to Candidate: _____

Please evaluate the candidate on the following:

| Characteristic | Excellent | Good | Fair | Poor | No Basis to Evaluate | N/A |
|---|-----------|------|------|------|----------------------|-----|
| Dependability —Candidate is prompt, sincere, consistent, truthful and follows directions | | | | | | |
| Leadership —Candidate is assertive, able to inspire others, listens and uses good judgment | | | | | | |
| Mental Alertness —Candidate is attentive, interested and eager to learn | | | | | | |
| Initiative —Candidate accepts responsibility, can work without supervision, works at a steady pace and starts tasks without being prompted | | | | | | |
| Team Work —Candidate is adaptable, friendly, tactful, respectful of others and has an appropriate sense of humor | | | | | | |
| Attitude —Candidate is positive, honest, practices self-discipline, enthusiastic and motivated | | | | | | |

Please explain why you believe this candidate would make an ideal officer on the Wyoming HOSA Student Leadership Executive Council below or add an additional page.

Evaluator Signature

Date



Candidate, Advisor, School and School District Memorandum of Understanding

Expectations of the Student Candidate

- Be committed to HOSA and promote HOSA's goals and objectives in every way possible.
- Be enrolled in a regularly scheduled health careers program during term of office.
- Be a dues paying state and national HOSA member.
- Attend the current year's State Leadership Conference (SLC) as a candidate for election.
- Accept and fulfill the roles and responsibilities as a member of the Wyoming HOSA Student Leadership Executive Council as written in the Wyoming HOSA Bylaws.
- Be in possession of an official HOSA uniform and project a positive and professional image of HOSA all times.
- Represent one's school, advisor, program, state officer team, State Officer Advisor, Executive Director, Wyoming HOSA and the Wyoming Department of Career and Technical Education with the decorum required of a state officer.
- Student Leadership Executive Council members will refrain from using their name or position on websites and social media (Instagram, Facebook, Twitter, etc.). Wyoming HOSA does not support or condone the use of its name or logo on any website or social media account not sanctioned by the Wyoming Department of Career and Technical Education and the Wyoming HOSA Executive Director.
- Maintain a professional image and good grooming in order to project a desirable image of the organization.
- Attend all meetings, trainings, and conferences during the term of office and accept responsibilities as requested by the State Officer Advisor and Executive Director.
- Avoid places and actions that could raise questions regarding moral character or conduct.

- Use of alcohol, tobacco or illegal substances at any school, HOSA or Wyoming Department of Career and Technical Education sponsored event will result in permanent expulsion from the Student Leadership Executive Council.
- Be able to work as a team player, avoiding any display of superiority.
- Treat all members of the organization equally and without discrimination.
- Maintain a positive attitude at all times and present an energetic, upbeat appearance at all times.
- Be willing to spend the necessary time and travel during your term of office.
- No dating is permitted between candidates or state officers, either before or after elections. If you are dating someone and also applying, please discuss this with your advisor, the State Officer Advisor and/or the Executive Director.
- Resign office immediately if at any time commitments and expectations are not met (includes attendance, professional image, official dress, responsibility and conduct).
- Follow the Code of Conduct at all events.
- Failure to follow these rules will result in a meeting with the State Officer Advisor and Executive Director. Depending on the circumstances surrounding the incident, probation or resignation may be recommended.

Expectations of the Local Chapter Advisor

- See to it the state officer follows his/her expectations listed above.
- The state officers are under the direction of the Wyoming HOSA State Officer Advisor and Executive Director.
- Accept responsibilities for their State Officer as requested by the HOSA State Officer Advisor and Executive Director if needed (calendar on page 2).
- Assist the State Officer at school, workshops and conferences.
- Assist the State Officer Advisor and/or Executive Director as needed. Serve as a State Officer's positive role model with dress, language, habits, assistance, ethics, etc.

Expectations of the Candidate's School District

- Recognizing the travel and liability of the Wyoming HOSA State Officer falls under the responsibility of Wyoming HOSA.
- If additional documentation needs to be completed on the school district's part, the Local Chapter Advisor will need to coordinate that with the candidate, their parents/guardians and the school district.

(Continued on next page)

In signing below, I indicate having read and understood all of the expectations of a Wyoming HOSA State Executive Council Member, the local HOSA chapter advisor and the candidate's school district. I am committed to upholding the responsibilities of my position.

Candidate

Printed Name

Signature

Date

Parent/Guardian

Printed Name

Signature

Date

Local Chapter Advisor

Printed Name

Signature

Date

School Principal or Administrator

Printed Name

Signature

Date

School District Superintendent or CTE Director

Printed Name

Signature

Date



Employer Notification and Memorandum of Understanding

Candidate

It is understood that many students are employed. In order to be a state officer, however, your employer must understand you have responsibilities to Wyoming HOSA. If elected, there may be occasions when you will need to miss work as a requirement of your office. Please request your current employer complete the information below. If you change jobs or become employed during your term as a Wyoming HOSA State Officer, you will need to complete this form and submit it to the State Officer Advisor prior to accepting the position.

Employed Candidate's Full Name: _____

Chapter/School Name: _____

Office Choice(s):

- President Elect
- Regional Vice President Regions are based on the 26-27 Wyoming HOSA Regions.
- Postsecondary/Collegiate Vice President
- Secretary

Employer

The above named student has displayed punctuality, good communication skills, good attendance, responsibility and overall good citizenship during employment with our company. In signing below, I:

- Endorse the above named student as a candidate for the Wyoming HOSA Student Leadership Executive Council.
- Understand the responsibilities and time commitment associated with being a Wyoming HOSA State Officer.
- Understand the officer will not be able to work during dates of mandatory activities/events throughout the year.

Place of Employment: _____

Employer's/Supervisor's Full Name: _____

Comments: _____

Employee/Supervisor Signature

Date



State Officer Code of Conduct

The Code of Conduct will be strictly enforced. Any infringement of these rules will be cause for resignation and will be dealt with by a committee consisting of two Student Leadership Executive Council members, the State Officer Advisor, Executive Director, and the Board of Directors Chair.

- Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
- State officer conduct is the responsibility of the local chapter and the state HOSA advisor.
- State officers shall keep both advisors informed of their activities and whereabouts at all times.
- State officer name badges shall be worn at all times.
- State officers are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
- State officers must have a cell phone during their year as an officer.
- State officers must have access to a computer with internet at home during their year as an officer.
- State officers will be assigned an email account. Email is to be checked daily or link it to an account you do check daily. If an officer receives a text or notice of an email, it needs to be checked ASAP.
- State officers will respond to ALL emails, texts and voice mails from the State Officer Advisor and Executive Director within 24 hours.
- ALL communication on social media should be positive, appropriate and about HOSA.
- State Officers are expected to observe the designated curfew (curfew means being in your own room by the designated hour).
- State Officers may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to probation/dismissal.

- State Officers will be in official HOSA uniform or the official informal uniform whenever representing HOSA.

In signing below, I indicate having read the Code of Conduct and agree to abide by these rules.

Candidate

Printed Name

Signature

Date

Parent/Guardian

Printed Name

Signature

Date

Local Chapter Advisor

Printed Name

Signature

Date



State Officer Medical Liability Release

Student Medical Release Form

| Participant Information | | | |
|--------------------------------|---------------------------------------|--|---------------------------|
| Participant Name (first, last) | | Parent/Guardian Name | |
| Participant's Home Address | | Parent/Guardian Emergency Phone Number (required) () | |
| City, State, Zip Code | | Alternate Emergency Phone Number (required) () | |
| Home Telephone () | Participant Cell Phone () | Local Chapter/School Name (required) | |
| Age (if 18 and under) | Date of Birth (mm/dd/yyyy) / / | Check One <input type="radio"/> Male <input type="radio"/> Female | Location of School (city) |
| Advisor Name (required) | Advisor Cell (required) () | Participant Email Address (required) | |

| Medical Information | | | |
|--|-------------------------------------|---|--|
| Is Participant Covered by Medical Insurance? <input type="radio"/> Yes <input type="radio"/> No | | Name of Person Responsible for Participant's Medical Bills | |
| Insurance Company | Name of Insured | Relationship to Student of Responsible Party <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other | |
| Insured's HOME Phone No. () | Insured's CELL Phone No. () | Participant Medical History (check all that apply) <input type="radio"/> Yes <input type="radio"/> No Allergies? (list) _____ | |
| Insured's Plan Number | Insured's Group Number | <input type="radio"/> Yes <input type="radio"/> No Diabetes? | |
| Name of Physician | Physician's Phone Number () | <input type="radio"/> Yes <input type="radio"/> No Epilepsy? | |
| Does participant have a disability that meets criteria specified by the Americans with Disabilities Act (ADA)? <input type="radio"/> Yes <input type="radio"/> No (We will contact you if necessary.) | | <input type="radio"/> Yes <input type="radio"/> No Heart /Lung Problems? | |
| | | <input type="radio"/> Yes <input type="radio"/> No Other; if yes, please explain: _____ | |
| | | Medications: (list) _____ | |

Liability/Medical Release: I certify that the information above is accurate and complete to the best of my knowledge. I hereby agree to release the Wyoming Department of Education and the National and Wyoming State Association of HOSA and their representatives, agents, and employees from liability for any injury to said minor child/adult participant resulting from any cause whatsoever occurring to said child/adult, at any time, while attending any of the organization's regional/district/state meetings and events, including travel to and from.

Parent/Guardian/Responsible Party: Please check one of the following, sign and date that you are aware.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. I understand that you will notify me and/or any person(s) listed above as soon as possible.
- I **DO NOT** give permission for medical treatment until I have been contacted.
- I am aware that it is my responsibility to submit updated medical information to the chapter advisor if needed prior to each event.
- Note to parent/guardian: If applicable, please send a copy of your insurance card with your child.

| | | |
|--|---------------------------------|--|
| STUDENT SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) / / |
| PARENT / GUARDIAN / RESPONSIBLE PARTY SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) / / |
| NOTE: Participants under the age of 18 must be signed by a parent or legal guardian.) | | |
| ADVISOR SIGNATURE: | Print Name (first, last) | Date Signed (mm/dd/yyyy) / / |



State Officer Travel Policy and Release

Candidate Information

First Name: _____ MI: _____ Last Name: _____

Chapter/School Name: _____

Permissions (Parent/Guardian initial all items for which you grant permission)

_____ The above named student may utilize public transportation/shuttle services by themselves to and/or during official Wyoming HOSA Student Leadership Executive Council functions so long as:

- A school employee or parent/guardian drops the student off
- An adult representative of Wyoming HOSA picks the students up, providing appropriate follow up supervision

_____ The above-named student may be transported by adult representatives of Wyoming HOSA to and/or during official Wyoming HOSA Student Leadership Executive Council functions.

_____ The above-named student may be chaperoned by an adult representative of Wyoming HOSA in the event a school employee or parent/guardian is unable to participate in functions required of state officers.

In signing below I indicate having read and understood the above Wyoming HOSA student transportation policy.

Candidate

Printed Name

Signature

Date

Parent/Guardian

Printed Name

Signature

Date

Local Chapter Advisor

Printed Name

Signature

Date

As a school official representing the above named student, my signature below acknowledges the modes of transportation their parent/guardian deems acceptable. Wyoming HOSA is responsible for the safe transportation and supervision of state officers.

School Official

Printed Name

Signature

Date



State Officer Video, Recorded Voice and Photography Release

In signing below, I hereby:

- Give and grant Wyoming State HOSA and National HOSA, the absolute and unconditional right to use, publish, display, electronically distribute and/or reproduce in any manner, video/recorded voice/photographs that positively promotes the image and benefits of career and technology education through educational materials, trade materials and/or Wyoming HOSA and National HOSA web sites.
- Waive any right to inspect or approve the finished video/recorded voice/photographs or any finished materials, copy or other matter which may be used in conjunction with or the manner in which any of the same are used, reproduced, published, or displayed.
- Release the Wyoming HOSA from any liability whatsoever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice photographs, and agree that Wyoming HOSA shall be the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant to others permission to use them.
- Understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way.

Candidate Information

First Name: _____ MI: _____ Last Name: _____

CTE Program/Course Enrolled: _____

Current Grade: ___ 9 th ___ 10th ___ 11th ___ 12th

Membership Classification: ___ Secondary ___ Post-Secondary ___ Year in College Date of

Street Address: _____

City: _____ State: WY Zip Code: _____

Candidate

Printed Name

Signature

Date

Parent/Guardian:

If the above named candidate is less than 18 years of age, a parent or guardian shall consent to the above authorization and release by signing below.

First Name: _____ MI: _____ Last Name: _____

Relationship to Candidate: ___ Mother ___ Father ___ Legal Guardian

Parent/Guardian

Printed Name

Signature

Date