



# 2020-2021 Kansas TSA State Officer Team Candidate Application



**Packet needs to be emailed by midnight on February 15<sup>th</sup> to: [tsakansas@gmail.com](mailto:tsakansas@gmail.com)**

## The Following Items **Must** Be Submitted:

- ✓ Officer Endorsement Form
- ✓ Officer Application Form
- ✓ A Current Photo

## State Officers are expected to attend and participate in the following events:

- ✓ Kansas Fall Leadership Conference  
and/or
- ✓ Kansas Winter Leadership Conference
- ✓ Kansas TSA State Conference

## State officers have the opportunity and are strongly encouraged to attend and participate in the following events:

- |                              |               |
|------------------------------|---------------|
| ✓ CTSO Leadership Conference | June          |
| ✓ CTSO Citizenship Day       | Early January |
| ✓ CTE Showcase               | February      |
| ✓ National TSA Conference    | End of June   |
| ✓ K-ACTE Summer Conference   | July          |

## Suggested Reading:

Available on the Kansas TSA website: State Officer Information Packet, State Officer Code of Conduct, Duties and Responsibilities, Cost Responsibilities, State Student Bylaws and the Kansas TSA Dress Code.

Available on the National TSA website: National TSA Bylaws, and the mission and goals of the state and national organization.

**Due to [tsakansas@gmail.com](mailto:tsakansas@gmail.com) by midnight on February 15<sup>th</sup>.  
High quality Scans are preferred.**

### **Section 1: Officer Endorsement and Application Forms**

**\*\*Return with Photo\*\***

### **Section 2: Supplemental Forms**

**Complete and Return upon Obtaining Office**

**\*\*Can be returned with Endorsement and Application Forms\*\***

## SECTION 1: Endorsement Form

By signing below, I understand, accept, and agree to all terms, information, and conditions set forth in State Officer Information Packet. I am aware that it is the responsibility of the state officer/school district to be responsible for providing their own means of transportation to and from meetings and functions. I further profess that all information given throughout this application to be true and accurate to my knowledge. I also understand that incomplete applications will be considered null and void.

**As a Candidate for the State Officer Team, I have read The State Officer Information Packet and have discussed this with my advisor, parent/guardian, and school administration.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ENDORSEES: We recognize the responsibilities of the state office for which we have nominated our candidate and will assist him or her in executing responsibilities of said office, in any capacity that we can, should he or she be elected.**

**As a Parent/guardian, I have seen and read The State Officer Information Packet and understand the responsibilities that my child will be assuming.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**As a chapter advisor, I have seen and read The State Officer Information Packet and understand the responsibilities that my student is undertaking and agree to help this student to fulfill his/her responsibilities.**

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
Date

**As an Administrator, I have seen, read, and discussed the Officer Candidate Packet with the student candidate and their advisor. I believe that the student is capable of assuming the required responsibilities and making up the work missed from days that he/she is absent and will reasonably accommodate the needs of the advisor to travel with the Officer.**

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

**\*Please return a Current Photograph with Application Form \*\***

## **SECTION 1: Application Form**

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

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

Briefly explain why you joined TSA and why you want to be an officer:

Candidates may run for President, Vice President or Team. Candidates for President and Vice President who are not elected will be entered into the Officer Team Pool. Please choose ONE of the options below:

\_\_\_\_ **President:** I am running for the office of President

\_\_\_\_ **Vice President:** I am running for the office of Vice President

\_\_\_\_ **Officer Team:** I am running for a position on the Officer Team; available positions are:  
*Secretary, Sergeant at Arms, Treasurer, and Reporter*

\*Representative position(s) will be appointed by the Kansas Board of Directors.

Rate your knowledge and experience with public speaking and presentations?

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

Rate your knowledge and experience with Microsoft Office programs?

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

Rate your knowledge and experience with fundraising and corporate sponsorship?

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

Indicate the additional events that you are interested in attending

**Please note that Fall and/or Winter Leadership and State Conference are required events**

Fall and/or Winter Leadership Conference October and/or January/February

State Competition and Conference      March/April

\_\_\_\_\_ CTSO Leadership Conference      June

\_\_\_\_\_ CTSO Citizenship Day      Early January

\_\_\_\_\_ CTE Showcase      February

\_\_\_\_\_ National TSA Conference      End of June

\_\_\_\_\_ K-ACTE Summer Conference      July

## SECTION 3: Supplemental Forms

Kansas TSA State Officer Information Sheet

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

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

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

2020-2021 Grade: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Birthday: \_\_\_\_\_

Polo Size: \_\_\_\_\_

Hobbies/Talents: \_\_\_\_\_

Favorite...

TSA Event: \_\_\_\_\_

Subject in School: \_\_\_\_\_

Color: \_\_\_\_\_

Food: \_\_\_\_\_

Candy: \_\_\_\_\_

Any Dietary Needs? \_\_\_\_\_

Religious/Cultural Needs? \_\_\_\_\_

Special Health Needs? \_\_\_\_\_

Are there any prior commitments or events already on your 2019-2020 calendar?

**SECTION 3: Supplemental Forms**  
**Kansas Technology Student Association**  
**Personal Liability / Medical Release / Photograph Release**

Student: \_\_\_\_\_ Student cell: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Home address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**MEDICAL and INSURANCE INFORMATION** (children and students only)

Physician's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Relative's Name: \_\_\_\_\_ Work#: \_\_\_\_\_ Home#: \_\_\_\_\_  
Allergies (drug or otherwise) \_\_\_\_\_  
Current medication \_\_\_\_\_

Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. AND/OR Physical Restrictions (swimming, running, etc.):

**Insurance Information**

Medical Insurance Co.: \_\_\_\_\_  
Identification/Policy #: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Subscriber's place of employment: \_\_\_\_\_

***PLEASE INITIAL EACH STATEMENT WITH WHICH YOU AGREE.***

**Initials** \_\_\_\_\_ "I hereby agree to release the Kansas Technology Student Association, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the Kansas TSA Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

**Initials** \_\_\_\_\_ "I do voluntarily authorize the Kansas Technology Student Association's local chapter advisors, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

**Initials** \_\_\_\_\_ "I agree to indemnify and hold harmless the Kansas Technology Student Association and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

**Initials** \_\_\_\_\_ "I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the Kansas TSA Activity, including time traveling to and from the conference."

**Initials** \_\_\_\_\_ "I permit Kansas TSA to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications."

## SECTION 3: Supplemental Forms

### KANSAS TSA OFFICER INFORMATION SHEET

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

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

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s) with whom you live: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

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

TSA Advisor: \_\_\_\_\_

Advisor Email: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_

### KANSAS TSA CONFIDENTIAL MEDICAL INFORMATION

Health Care Provider & Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Plan/Group Number: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Current Medications:	List Any Known Allergies:	Physical Restrictions:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

\_\_\_\_\_ *Check Here* and complete this section **only** if student **DOES NOT HAVE INSURANCE**.

*This confirms that \_\_\_\_\_ does not have insurance at this time. This will grant a representative from Kansas TSA, TO OBTAIN ANY MEDICAL TREATMENT NECESSARY IN THE EVENT THAT I CANNOT BE REACHED.*

# **CONFIDENTIAL MEDICAL INFORMATION & RELEASE**

Name \_\_\_\_\_

**NOTE: All persons under legal age must have a parent or guardian agree to affix their signature to this form. All participants must sign this form.**

## **PERSONAL LIABILITY RELEASE**

As a parent/guardian/Individual, I hereby agree to release Pittsburg State University and Kansas TSA, its representatives, agents, servants, and employees from liability for any injury to the named person resulting from any cause whatsoever occurring to the named person at any time while attending a Kansas TSA function, including travel to and from the conference. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I do voluntarily authorize Kansas TSA and its designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed.

I agree to indemnify and hold harmless Kansas TSA and said designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

## **MEDICAL CONSENT**

1. It is understood that the student will be chaperoned both while traveling to and during Kansas TSA events by his/her local TSA advisor(s), and that normal precautions will be taken in the interest of his or her safety and well-being.
2. We agree that the TSA Kansas State Association, State Staff, or their designee(s) will not be held responsible for any accident or injury, which might occur in connection with TSA Kansas events.
3. We also give consent to TSA Kansas for medical treatment in case of an emergency requiring a doctor's care and/or hospitalization, and provide you with the pertinent medical information.

Signature of Officer Candidate \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Kansas TSA Travel Permission

My student, \_\_\_\_\_, has my permission to travel with Byron McKay, TSA Kansas State Advisor to, from, or during events which are considered TSA Kansas Official business.

Parent Initials: \_\_\_\_\_

I agree to not hold Kansas TSA or Byron McKay personally responsible for accidents which may occur during travel. Byron McKay also has my permission to seek medical treatment in the event of an emergency in which I cannot be reached.

Parent Initials: \_\_\_\_\_

I understand that if, while under official business and the supervision of TSA Kansas, my student behaves in such a way or creates a situation in which a decision is made that my student must be sent home, it is my responsibility to arrange and cover the cost of travel. Such a decision would not be made lightly and will be in conjunction National TSA, Kansas Department of Education, and Kansas TSA policy.

Parent Initials: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_