



Kansas TSA State Officer Team Candidate Application



Email Application and Photo no later than midnight on the due date to: 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 Regional Conference(s)
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 by midnight on February 15th.

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: _____ 2024-2025 Grade: _____

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

__X__ Fall Regional and/or Winter Leadership Conference October and/or February

__X__ State Competition and Conference March/April

_____ CTSO Leadership Training June

_____ K-ACTE Summer Conference July

_____ CTSO Citizenship Day Early January

SECTION 2: Supplemental Forms

Kansas TSA State Officer Information Sheet

Name: _____

School: _____

Email Address: _____

Cell Number: _____

Home Number: _____

Check if Number is Parent's Cell

Advisor's Name: _____

Principal's Name: _____

Parents' Name(s): _____

2024-2025 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 2024-2025 calendar?

SECTION 2: 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 2: Supplemental Forms

Kansas Technology Student Association

Travel Permission

My student, _____, has my permission to travel with an approved official of Kansas TSA to, from, and/ or during events which are considered TSA Kansas Official business.

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 as 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:_____