



# Kansas TSA State Officer Team Candidate Application



Email Application and Photo no later than midnight on the due date 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 Regional Conference(s)
- ✓ 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 Citizenship Day        | Early January |
| ✓ Winter CTE Conference       | February      |
| ✓ CTSO State Officer Training | Early June    |
| ✓ National TSA Conference     | Late June     |
| ✓ K-ACTE Summer Conference    | Late 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.

### **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\***

Due to [tsakansas@gmail.com](mailto:tsakansas@gmail.com) by midnight on February 15<sup>th</sup>.

High quality Scans are preferred.

## **SECTION 1: Endorsement Form**

### **Kansas Technology Student Association**

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 them in executing responsibilities of said office, in any capacity that we can, should they 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

# SECTION 1: Application Form

## Kansas Technology Student Association

Name: \_\_\_\_\_ 2025-2026 Grade: \_\_\_\_\_

School/Chapter: \_\_\_\_\_

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

Candidates may run for President, Officer Team Pool or be considered for a State Representative Position. Candidates for President who are not elected will be entered into the Officer Team Pool.

Choose ONE of the options below:

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

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

\_\_\_\_\_ **Appointed State Representative:** I want to be considered for a State Representatives position.  
\*\*All State Representatives are appointed by the Kansas TSA Executive Committee\*\*

Rate your knowledge and experience with public speaking and presentations.

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

Rate your knowledge and experience with word processing, design applications and social media.

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

Rate your knowledge and experience with hospitality and event coordination and planning.

NONE       LIMITED       DECENT       PROFICIENT       IN-DEPTH

### Kansas TSA Required Events

<input checked="" type="checkbox"/> Fall Regional	October	
<input checked="" type="checkbox"/> Winter Leadership	February	Winter Leadership is Officer planned and led
<input checked="" type="checkbox"/> State Conference	March/April	

### Kansas CTSO Events; Attendance is **STRONGLY** encouraged

_____ CTSO Leadership Training	Early June
_____ CTSO Citizenship Day	Early January

### Additional events that you are interested in attending

_____ K-ACTE Summer Conference	Late July/ Early August
_____ Winter CTE Conference	Early February

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

## SECTION 2: Supplemental Forms

### Kansas TSA State Officer Information Sheet

Name: \_\_\_\_\_ 2025-2026 Grade: \_\_\_\_\_

School/Chapter: \_\_\_\_\_

Most frequently checked Email Address: \_\_\_\_\_

Personal Cell Number: \_\_\_\_\_ Check box if a Group Chat App is allowed

House Phone Number: \_\_\_\_\_ Check box if number is Parent's Cell

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

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

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

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

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

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

Are there any prior commitments or events already on your calendar that may impact your ability to fulfill State Officer Duties?

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

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

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

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

Favorite...

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

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

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

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

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

Sweet Snack: \_\_\_\_\_

Savory Snack: \_\_\_\_\_

## SECTION 2: Supplemental Forms

### Insurance Information/ Medical Release/ Personal Liability

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

#### MEDICAL and INSURANCE INFORMATION

Physician's Name: \_\_\_\_\_ Work #: \_\_\_\_\_  
Emergency Non-Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Insurance Information

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

Allergies (drug or otherwise)

Current medication

List any chronic conditions (such as diabetes or hypoglycemia), history of significant medical conditions (such as seizures or heart murmur), AND/OR Physical Restrictions (swimming, running, etc.):

PLEASE INITIAL EACH STATEMENT WITH WHICH YOU AGREE.

**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 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."

## SECTION 2: Supplemental Forms

Travel and Lodging Permission/ Photographic Release/ Responsibility to Transport

"I permit an approved official of Kansas TSA to transport my student, \_\_\_\_\_, in a school district, or personal vehicle to, from, and/ or during events which are considered TSA Kansas Official business. I understand that the approved Kansas TSA official may be an advisor of a different TSA chapter and different gender than my student."

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

"I permit my student, \_\_\_\_\_ to stay overnight one or more nights in an event appropriate lodging facility with fellow officers. I understand that my student may have an individual lodging space or may share lodging space with fellow state officers of the same gender and that Kansas TSA officials, local and other chapter Advisors will serve as chaperones for my student in the appropriate lodging facility."

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

"I permit Kansas TSA to use video footage and photographs of my student, \_\_\_\_\_, for publicity that might include digital and virtual mediums that includes but is not limited to: website, social media, presentations slide decks, promotional videos, flyers or news publications."

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: \_\_\_\_\_