



# State Officer Candidate

## 2012-2013 Application

**This form MUST be typed.**

Name \_\_\_\_\_

Chapter \_\_\_\_\_ Michigan DECA District \_\_\_\_\_

Advisor \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

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

First Semester GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Last Grade in Marketing \_\_\_\_\_  
(Base grade point average: 4.0=A, 3.0=B, 2.0=C, 1.0=D)

Grade Level at Time of Election: Freshman Sophomore Junior Senior

### Clothing Information

*Please provide accurate measurements.*

DECA Blazer Size \_\_\_\_\_

**Males:** Pant Size \_\_\_\_\_ Waist \_\_\_\_\_ inches Inseam \_\_\_\_\_ inches T-Shirt \_\_\_\_\_

Dress Shirt: Collar \_\_\_\_\_ Sleeve Length \_\_\_\_\_

**Females:** Dress Size \_\_\_\_\_ Blouse \_\_\_\_\_ Skirt Size \_\_\_\_\_

Woman's T-Shirt Size \_\_\_\_\_ Men's T-Shirt Size \_\_\_\_\_

Candidates that are currently Seniors must sign their name after each of the following statements to indicate their agreement of each:

1. I understand that I must follow the same rules as other State Officers. \_\_\_\_\_
2. I understand that I must schedule monthly meetings with my Chapter Advisor, even after graduation, during my term of office. \_\_\_\_\_
3. I understand that I must communicate weekly with my Chapter Advisor , even after graduation, during my term of office. \_\_\_\_\_





***Please type the answer to the following essay question using 300 words or less.***

You are at the airport, about to depart for the DECA International Career Development Conference, when you are approached by a couple who asks, "What is DECA?" How would you respond?

## Statement of Support

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\_\_\_\_\_ wishes to apply to run for a Michigan DECA State Office.  
Name of Candidate

The candidate's success is closely related to the support he/she receives from his/her family, chapter and school officials. Please indicate your approval and support of him/her pursuing the goal to be an effective State Officer.

***"I am in support of this candidate becoming an elected State Officer of Michigan DECA. I will do whatever I can to support and encourage him/her. To the best of my knowledge, all information provided in the application is up-to-date and correct."***

\_\_\_\_\_  
Signature of Parent(s) Date

\_\_\_\_\_  
Signature of Chapter Advisor Date

\_\_\_\_\_  
Signature of Principal Date

\_\_\_\_\_  
Signature of School Counselor Date

\_\_\_\_\_  
Signature of Employer Date

\_\_\_\_\_  
Signature of a Chapter Officer Date

## Acceptance of Candidate's Responsibility

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I recognize that the following obligations are a part of a State Officer's responsibilities. I plan to perform to the best of my abilities, these and any other duties of the office to which I may be elected.

Initial each item:

- \_\_\_\_\_ 1. To become knowledgeable about the state and national DECA program of activities, and to be able to discuss it with chapter officers and other interested parties.
- \_\_\_\_\_ 2. Observe standards of official dress, exemplary personal conduct, and personal grooming while representing DECA.
- \_\_\_\_\_ 3. Full attendance and participation in the meetings of the DECA State Officers. I will resign my office if I am unable to attend required training workshops.
- \_\_\_\_\_ 4. Speaking at local DECA functions upon the invitation of the local chapter.
- \_\_\_\_\_ 5. Attendance and participation in the State Career Development Conference and State Leadership Conference are required.
- \_\_\_\_\_ 6. Careful preparations for fulfilling responsibilities in DECA activities in which I am involved.
- \_\_\_\_\_ 7. Notification to the Michigan DECA staff of all invitations for representation of DECA.
- \_\_\_\_\_ 8. Responsible and timely reporting of activities conducted as a representative of the DECA association.
- \_\_\_\_\_ 9. Development of the State Officer's Program of Work in cooperation with the State Action Team and State Director.
- \_\_\_\_\_ 10. Follow all guidelines to be an effective State Officer as presented at training.
- \_\_\_\_\_ 11. Fulfill all responsibilities as spelled out in the State Officer's Program of Work.
- \_\_\_\_\_ 12. Abide by the State Officer Code of Conduct, from the time that I am a candidate through my term of office. I will resign my office if I fail to follow the State Officer Code of Conduct.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Michigan DECA State Officer Code of Conduct

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1. I shall not possess or consume any alcoholic beverages or illegal controlled substances of any kind or in any form.
2. I shall follow established curfew. Curfew means I am quiet and in my own room unless I am conducting official business at the instruction of the Michigan State DECA Staff.
3. Official conferences and activities begin when I leave home for the event and when I return home. Therefore, this Code of Conduct is in effect throughout this entire period of time.
4. I will always conduct myself in a professional manner as a representative of DECA.
5. I shall apply appropriate leadership principles at all times. These include, but are not limited to the following: consensus building, compromising, listening, respecting other people's opinions and possessions, democratic styles rather than dictator styles, maintaining enthusiasm and involvement, and conflict resolution through open communications.
6. I shall refrain from the use of tobacco in any form while representing DECA.
7. I shall wear appropriate dress at all official functions. Denim jeans, skirts or dresses are not professional dress. Denim and jean-like apparel may be appropriate at dances and leisure activities if approved by Michigan DECA Staff, but not during any other official sessions or meetings.
8. I shall immediately remove myself from all situations that could compromise my professional image.
9. I shall refrain from dating fellow State Officers while I am in office. I shall refrain from dating anyone while at a Michigan DECA activity or conference.
10. I shall not deface public property. I will be responsible for any damages caused to rooms or facilities that I am responsible for.
11. I shall keep the Michigan DECA Staff informed of my whereabouts and activities at all times, where the activities are an official function of my office, or while I am in their charge.
12. I shall be prompt and prepared at all times.
13. I shall carry out my duties and responsibilities to the best of my abilities.
14. I shall attend all official conference activities, unless I receive prior approval from Michigan DECA Staff to be absent. If I am unable to participate in all required State Officer Meetings, I will resign my office. Special permission must be received from the State Director to be excused from required meetings.
15. I shall keep my local chapter advisor informed of all official correspondence. I shall forward a copy of all official correspondence written by me to the Michigan DECA State Office, in accordance with policies stated in the State Officer Handbook.
16. I will abide by Michigan DECA's Delegate Code of Conduct, in addition to the Michigan DECA State Officer Code of Conduct, from the time that I am a candidate through my term of office.
17. I shall follow my local school policies where there are more restrictive than the Michigan DECA policies and guidelines.
18. I shall not be engaged in inappropriate or illicit behavior.
19. I am responsible for reporting any violations of this Code of Conduct committed by myself or by fellow officers.
20. State Officers shall allow Michigan DECA to use conference photographs, video footage, and their names for promotional purposes.
21. I shall not post any inappropriate content, photos or other materials on any social media website. This is in effect from the day I sign this agreement below, to the end of my term, if elected.
22. If other situations arise that are not covered by the Code of Conduct for Michigan DECA State Officers, I shall use my best judgement in the situation. Above all I will try to act in such a way that it will reflect positively on the Michigan Association of DECA.

***"I agree to follow the Michigan DECA State Officer Code of Conduct from the time that I am a candidate through my term of office. I will resign my office if I fail to follow this code."***

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

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

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

\_\_\_\_\_  
Date

## Michigan DECA State Officer Internet Policy

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### **Using Facebook, MySpace, Twitter, YouTube or other Public Sites**

Please keep in mind that as an Officer for Michigan DECA, you are a public figure. As an Officer you represent your school, your state association and even the International DECA association. As you post content to personal Web pages, Facebook, MySpace, Twitter, YouTube or other sites, keep in mind that people you do not know (including potential employers) might “look you up” in cyberspace or Google your name. Be sure your personal materials including comments, photographs, video or sound files would not embarrass you if they were viewed by Michigan DECA staff, business partners, instructors or others.

### **E-mail Address**

You will be assigned a Michigan DECA email address for correspondence. If you choose to forward this email address to a personal email address, this personal email address must project a professional image. Be sure to check e-mail every few days during your term of office as travel opportunities are often offered via e-mail.

### **Code of Conduct Statement:**

***As an Officer of Michigan DECA, I will represent my organization, state and school with respect. This means that, for my term of office, any content I post on such things as MySpace, Facebook, Twitter, YouTube or other sites and my email address may be reviewed by an authorized adults such as my advisor, parent or guardian. I agree to add the Michigan DECA State Director and State Officer Coordinator as a “friend” on Facebook, MySpace, Twitter, and other social networking sites for the duration of my term of office. I also understand that these web sites will be monitored and I may be requested to remove material.***

***If I fail to do so and post inappropriate or unapproved material, I will be on probation as an officer and subject to the consequences of my advisor, school and/or state advisor.***

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

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

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

\_\_\_\_\_  
Date

## Statement of Responsibility

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The following statement must be **HAND-COPIED** below, by the State Officer Candidate.  
Re-typing it is not acceptable.

*"If elected, I will attend and participate in all meetings (including, but not limited to: State Officer meetings, State Officer training, the State Leadership Conference, the State Career Development Conference, and at least the minimum number of District Conferences) as called by the State Officer guidelines and the State Director. I fully understand the responsibilities and obligations of the position I seek, and if elected, will carry them out to the very best of my ability. I further understand that if, in the opinion of the majority of the State Director or the State Executive Council, I fail to fulfill my responsibilities and obligations of office, and/or I violate the Michigan DECA Code of Conduct or the Michigan DECA State Officer Code of Conduct from the time that I am a candidate through my term of office, I can be removed from office. Should I fail to complete the duties of my office, I will liable to refund to Michigan DECA, the amount of money expended for my participation during my term of office."*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Student Member Release Form For Michigan DECA State Officers

Name of Student \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
High School \_\_\_\_\_ School Phone \_\_\_\_\_  
Chapter Advisor \_\_\_\_\_ School Fax \_\_\_\_\_

This is to certify that \_\_\_\_\_ has my permission to attend DECA activities from April 20, 2012 to May 10, 2013. On behalf of the above named student member, I hereby absolve and release the school officials, the DECA chapter advisors, Michigan DECA, the host state, and/or the DECA conference staff from any claims for personal injuries which might be sustained while he/she is en-route to, from and during such DECA sponsored activities providing that this agreement shall not apply to any injury arising out of sole negligence of the preceding parties.

I authorize the above named advisor(s), the Michigan DECA State Director and/or his designee to secure the services of a physician or hospital and to incur the expenses for necessary services, in the event of an accident or illness, and I will provide the payment of these costs.

We have read and agree to abide by the supplied Michigan DECA Code of Conduct (posted online and in the Michigan DECA Guide) and the State Officer Code of Conduct. Should a Code of Conduct violation occur, law enforcement personnel and/or security may be called to assist, with the ultimate punishment of being sent home at the student's or chapter's expense and/or being removed from office. Reasonable care shall be exercised to ensure the safest, most expedient, and financially feasible mode of transportation back to the home community of the student involved. I am aware of the consequences that will result from violation of any of the guidelines.

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

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

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

### Required Medical Information

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever \_\_\_\_\_

Physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_

Parent/Guardian Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy No. \_\_\_\_\_

## Recommendation for State Officer Candidate

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To be completed by three (3) adults. **At least one letter of recommendation must be received from the chapter advisor in a sealed envelope.** Recommendations may not be provided by parents, relatives or classmates. Photocopy this form as necessary. Submit this as the last three pages of the State Officer Candidate Application.

Candidate's Name \_\_\_\_\_ School \_\_\_\_\_

Recommended by \_\_\_\_\_ Relationship \_\_\_\_\_

*Check each characteristic:*

Very Good	Good	Fair	No Info	Not Applicable
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**Dependability** - prompt, sincere, consistent, truthful  
follows directions

**Leadership** - assertive, able to inspire others, resourceful,  
listens, uses good judgement

**Industrious** - persistent, good work habits, makes good  
use of time, hard working

**Mental Alertness** - attentive, interested, eager to learn

**Initiative** - accepts responsibility, able to work without  
supervision, works at a steady pace, starts work without  
instruction

**Ability to Get Along With Others** - adaptable, friendly,  
tactful, respectful of others, sense of humor

### **Personal Appearance and Grooming**

**Attitude** - positive, honest, practices self-discipline,  
enthusiastic, motivated

**Remarks:** *Use the back of this form if necessary.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Position