

Missouri DECA State Officer Candidate Signature Form

Candidate Name: _____

Acceptance of Responsibility and Understanding of Election Process: I recognize that the following obligations are a part of a Missouri DECA State Officer’s responsibilities. I agree to meet the following expectations and others set forth by the Missouri DECA State Advisor and Missouri DECA State Officer Advisors. **Initial each item.**

Candidate Initials

- _____ 1. I will be a dues-paying member of local, state, and national DECA.
- _____ 2. I will carry out the State Officers’ Program of Activities and submit reports to the State Officer Advisors according to established deadlines and specifications.
- _____ 3. I will attend the following conferences. These conferences are mandatory.
 - _____ Emerging Leaders Summit + SAT Training, July 10-14, 2024, KC, MO & Nashville, TN
 - _____ Fall Leadership Conference – October 13-14, 2024, St. Louis, MO
 - _____ District Vice President Training – November 6, 2024, Jefferson City, MO
 - _____ State Conference Planning Meeting – January 11, 2025, Crown Center, KC, MO
 - _____ District Competitive Events Conference – Determined by individual districts
 - _____ State Career Development Conference – March 23-25, 2025, Crown Center, KC, MO
 - _____ *International Career Development Conference – April 25-Apr. 30, 2025, Orlando, Florida
- _____ 4. I will adhere to the conduct code and dress code established in the Missouri DECA Comprehensive Consent Form and wear a DECA blazer for the entirety of the election events at SCDC.
- _____ 5. I will clear absences associated with DECA in advance with all my teachers and employer(s).
- _____ 6. I understand that I will be required to take a written test, screening interview process, Q & A session. Since each is a step as a qualifier to the next part of the process, I realize that I might not be allowed to continue at any one of these steps.
- _____ 7. I have read, understand, and will adhere to all rules, guidelines, and responsibilities associated with serving as a Missouri DECA State Officer.

Applicant Signature

Date

Signatures of Assurance:

Advisor: I endorse the above named DECA State Officer Candidate’s leadership skills, seriousness, integrity, and willingness to serve. Should my student be elected to office, I, the Advisor, agree to advise him/her in the completion of the State Officer Program of Activities. I, the Advisor, understand that I will receive emails sent to my student to keep me informed of State Officer activities. **I, the Advisor, acknowledge I am responsible to assist with travel arrangements, notify parents/guardians to transport - or transport my officer when necessary.**

DECA Chapter Advisor Signature

School Administrator Signature

Parent or Guardian: I am in support of this candidate becoming an elected state officer of Missouri DECA. I will do whatever I can to support and encourage him/her and see that he/she completes the term of office. I understand the election process and am aware that the candidate can only advance if the application packet is completed. **I understand that I may need to assist with transporting my officer when necessary.**

Parent/Guardian Signature