Candidate Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acceptance of Responsibility and Understanding of Election Process:** I recognize that the following obligations are a part of a Missouri DECA District Vice President’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. District Vice President Training – November 8, 2023, Jefferson City, MO District Competitive Events Conference – Determined by individual districts State Career Development Conference – March 3-5, 2024, Crown Center, KC, MO \*International Career Development Conference – April 26-May 1, 2024, Anaheim, CA  |
|   | 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 District Vice President. |

Applicant Signature Date

**Signatures of Assurance:**

Advisor: I endorse the above named DECA District Vice President Candidate’s leadership skills, seriousness, integrity, and willingness to serve. Should my student be elected to office, I agree to advise him/her in the completion of the District Vice President Program of Activities. I understand that I will receive emails sent to my student to keep me informed of District Vice President activities. **I 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 District Vice President 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*