

# Missouri DECA District Vice President 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 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.
- \_\_\_\_\_ State Officer Leadership Training Conference – November 8, 2023, Jefferson City, MO
  - \_\_\_\_\_ District Competitive Events Conference – Determined by individual districts
  - \_\_\_\_\_ State Career Development Conference – March 2-4, 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. I also understand that I am responsible to purchasing my own pair of khaki dress pants and a white dress shirt.
- \_\_\_\_\_ 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*

\*Indicates that this conference is highly encouraged and not mandatory of elected DVPs.