



STATE SWEETHEART APPLICATION

Personal Information

Name:					
Address:					
City:		State:		Zip Code:	
E-Mail:			Cell #:		
Birthdate:			Age:		

Education

Please list your current education level and what school you attend			
School Name:			
Field of Study:		GPA:	
Club:		Office:	
Club:		Office:	

Automobile Information

Make:		Model:	
Color:		Tag #:	
Insurance Co.:		Policy Holder	
Policy #:			
Driver's License #:			

1. Do you have a valid New Jersey Driver's License? ☐ YES ☐ NO
2. If not, do you have someone able to provide you with a ride to DeMolay events? ☐ YES ☐ NO



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Rainbow Experience

Assembly:		Initiation Date:	
Sponsoring Chapter:			
Assembly Offices Held:			
Grand Offices Held:			

❖ I have completed the following LCC's: ☐1 ☐2 ☐3 ☐4 ☐5

➤ Please note, LCC 1 & 2 are a requirement to run for State Sweetheart

❖ Please list any other Honors or Awards you have earned (Grand Cross of Color, Pink Honor Key):

Basic Expectations

- I will be available to attend all assigned events.
- I will be able to travel to various chapters' events and support New Jersey DeMolay as a whole.
- I will perform all duties that are assigned to me by the New Jersey State Council, including by the State Master Councilor, and realize that everyone is working towards the goal of bettering New Jersey DeMolay. I also acknowledge that additional duties may appear as the year progresses that will require my attendance, time, and efforts.
- I will promptly respond to all communication within an appropriate amount of time including, but not limited to phone calls, e-mails, text messages, and mail.
- I will in the event I cannot attend an event or perform a commitment, give advance notice to the Sweetheart Advisor.
- I realize that I must properly balance school, work, family, and life commitments around DeMolay. I realize that in the event I cannot meet basic requirements, the Executive Officer reserves the right to remove me from office at any time.

➤ Do you agree to the following expectations? ☐YES ☐NO



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Photo Release

I hereby grant the New Jersey DeMolay permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of New Jersey DeMolay and will not be returned.

I hereby irrevocably authorize New Jersey DeMolay to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the New Jersey DeMolay from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Authorization:

Applicant Signature

Parent or Guardian Signature

Chapter Chairman Signature

Chapter DAD Signature

Please send your completed form to:

"Mom" Cindy Golway @ cgolway@gmail.com or via US Mail (email for address)

All forms must be submitted/postmarked no later than April 1st