



APPOINTED STATE OFFICER 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:		
Club:		Office:		

Automobile Information

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

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



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DeMolay Experience			
Chapter:		Initiation Date:	
Chapter Offices Held:			
State Offices Held:			
Ritual Parts Known – Not Included Above (Flower Talk, DeMolay Degree, Installation)			

1. Have you attended a Leadership Training Conference? YES NO
2. What year(s) and conference(s)? _____

3. I have completed the following LCC's: 1 2 3 4 5
 ➤ *Please note, LCC 1 & 2 are a requirement to be considered for appointed office*
4. Please list any other DeMolay Honors or Awards you have earned (Chevalier, PMC-MSA, Blue Honor Key):

5. I would like to be considered for the office of: Chap. Mar. Other



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Basic Expectations

- I will be available to attend all assigned events.
- I will be able to travel to various chapters, realizing I may be assigned to chapters across the state, and that I will need to set aside time on weeknights to attend chapters, with a strong likelihood of being out at least two nights a week.
- 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 snail mail.
- I will in the event I cannot attend an event or perform a commitment, give advance notice to the State Master Councilor and will communicate with him to come up with a viable solution. I realize that communication is a part of my duties as a State Elected Officer.
- 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

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:



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Requirements

- 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 have completed my obligations, the Master Councilor's Opening, Closing and Nine O'clock Interpolation, and any opening/closing work associated with the office for which I'm seeking appointment.
- I have completed my first two Leadership Correspondence Courses and am actively working on earning my Lamp of Knowledge.
- I am actively working on completion of my Representative DeMolay, if I haven't already earned it.

Authorization:

Applicant Signature

Parent or Guardian Signature

Chapter Chairman Signature

Chapter DAD Signature

Please send your completed form to:

"Dad" Frank Cason @ fcason@njdemolay.org or and "Dad" Ryan Vander Horn @

rvanderhorn@njdemolay.org. All forms must be submitted no later than May 15th

**New Jersey DeMolay
Medical History and Release Form**

NOTICE: DeMolay and DeMolay Leaders of New Jersey do **NOT** provide medical insurance for participants in the events they sponsor. It is expected that the parent or guardian of each participant will be responsible for any and all injuries and medical bills incurred during any event.

Identification of Minor Participant:

Name: _____ Age: _____

Status: Active DeMolay _____ Visitor _____

Address: _____

City, State, Zip: _____

The above named minor is subject to the following medical problems, known allergies and medications being taken:

NONE: _____ Condition/Medication _____

Consent and Release

I, undersigned parent or legal guardian of the identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by the DeMolay Leaders of New Jersey. I agree to release and hold harmless the DeMolay Leaders of New Jersey and their members, advisors and officers of the Order of DeMolay from any and all claims of cause of action, which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize and adult DeMolay advisor in attendance to secure and physician in attendance to provide such emergency treatments as deemed necessary by those present including, but not limited to, hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusion and medications. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

Signed: _____ Parent / Legal Guardian Date: _____

I may be reached at the following phone numbers: Home: _____

Work: _____ Cellular: _____ Other: _____

Agreement

I hereby agree to abide by the DeMolay Rules and Regulations, and the directives of the DeMolay Leaders of New Jersey, and it's duly authorized officers and representatives. I agree that, if in the opinion of any DeMolay advisor, I should be removed or asked to leave the event or activity, my parent or legal guardian will be obligated to make arrangements to transport me immediately from the site of the event to my residence of record at the expense of my parent or legal guardian.

Signed by Participant: _____

Signed by Parent / Legal Guardian: _____

Medical Insurance Information

Insurance Company: _____

Policy Number: _____ Contract Number: _____

Circle One: HMO POP POS