New Jersey DeMolay

Sweetheart

Handbook & Guide

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Authority

These policies have the approval of the Executive Officer of the Jurisdiction of New Jersey and are the operating authority for all levels of the New Jersey State DeMolay Sweetheart Court. These policies may be added to and are subject to further revision, pending further approval by the Executive Officer.

Information about this Handbook

This booklet was prepared to give an overview of DeMolay and the Sweetheart Program.
This will cover the Chapter and State level Sweetheart of various levels, requirements and expectations for one to be successful.

What is DeMolay?

Mission Statement from www.beademolay.org

DeMolay, the premier international youth leadership organization, striving to shape young men into leaders of character.

By epitomizing timeless values, and accepting the challenge of leadership – both of character and of action – the young men of DeMolay transform themselves into citizens of the highest caliber.

Each young man takes ownership of his DeMolay experience. From generating ideas, planning events, coordinating logistics, and executing their plans, each DeMolay Chapter is responsible for defining their success. All of this is accomplished under the mentorship of trained Advisors, selected from the local community, enabling each Chapter to be uniquely tailored to support the interests of its members.

DeMolay is an inclusive organization that only asks of young men interested to believe in a higher being.

A high level of involvement and enthusiasm is far more important for success in DeMolay than any particular skill or ability.

Summary

What is a Sweetheart?

She is a young woman who has similar interest in working with the young men of a local chapter or state with their programs and projects. She brings new fresh ideas and perspective to the activities, plus rally her friends to attend the programs.

Who Oversees?

Trained adult mentors called Advisors guide the DeMolay. The youth members of the organization use the titles of "Dad" or "Mom" for these advisors. Advisors usually join the organization as adult alumni members, parents, guardians, and members of the masonic organizations. Each state has an adult leader who is called "Executive Officer". The Advisors in charge of each state program are called a Director.
An Advisor for the Chapter Sweetheart or State Sweetheart is a female.

Two Levels of Participation: Chapter and State

Chapter Sweetheart:

The DeMolay Chapter is a local division of the organization that is youth run. The young man in charged is called "Master Councilor." Each chapter has it's own Advisory Council that is made up of adult advisors. The Sweetheart is there to support the chapter's events and projects. If the Sweetheart is a member of the International Order of Rainbow for Girls, she can act as a liaison bringing the organizations closer together. The local Advisory Council appoints at least one female advisor who will serve as the Sweetheart Advisor.

State Sweetheart:

Once a Chapter Sweetheart has successfully completed her term of office, she is eligible to run for State Sweetheart, provided she meets all requirements. The State Sweetheart serves as the leader of all the Sweethearts. The expectation is that the State Sweetheart will communicate updates on events and share ideas. These updates are related to the programs she is overseeing. The State Sweetheart works with the State Master Councilor, the Executive Officer, and the State Sweetheart Director.

The State Sweetheart will assist the State Master Councilor with state projects except ritual work and initiation. When she travels to support the events, she must have a parent or legal guardian with her. If one can't travel with her, then the State Director will coordinate the logistics with a New Jersey female advisor. While the Sweetheart is supporting the activities, she must follow the dress code.

Sweetheart Court: If you have more than one Sweetheart in a chapter, then the term of court is used. The additional members will be called Assistant Sweetheart.

Behavior:
One serves as a positive role model, friend, and sister to the chapter and state, assisting with programs, projects, and community endeavors. The behavior should demonstrate thoughtfulness, courtesy, and high moral standards, acting as a representative of the organization while supporting members in their activities.

Qualifications

Chapter Level:

A young woman:
Must be between the ages of 12 and 20 years of age at the time of the installation. If she turns the age of 21 while serving as Sweetheart, she finishes her term.
The application must be filled out
The application must be approved by the local chapter Advisory Council

State Level:

A young woman:
Must be under the age of 21 and minimum age of 16 at the time of installation. If she turns the age of 21 while serving as the State Sweetheart, she may finish the term of office.
To be qualified, she must have finished a complete 1year term as a Chapter Sweetheart.
Approval from her parents or legal guardian.
Successfully filled out the application and compliant with the deadline established by NJ DeMolay.
Final approval for the application is made by the State Director of NJ DeMolay.

*** *Participants must remain unmarried, not engaged or pregnant—if so, she will immediately be removed from her Sweetheart position. Her sash and crown must be returned within one week of removal from this position.**

Responsibilities

Chapter Level:

*Be involved in all chapter sponsored activities, functions and installations
*Always dress appropriately and be prepared to speak
*Help the chapter with a successor for this position. You will install her using the Sweetheart Oath.

State Level:

*Be involved with all the chapters in the state with activities, functions, and installation
*Be prepared to perform the Installation ceremony for the Chapter Sweethearts
*Mentor the Sweethearts of the State
*Communicate with all the Chapter Sweethearts of all the events and activities throughout the State.
*Maintain the State Directory of the current and past Sweethearts

Chapter & State Level

*Respond directly to any invitations whether you are attending or not
*Share DeMolay information with young men that may be interested in joining
*Communicate activities and events with Rainbow
*HAVE FUN !

Squire Sweetheart

If your chapter desires to have a Squire Sweetheart – please follow the guidelines for a Chapter Sweetheart. The age for the young woman will be age 9 through 11 years old to match the age of the Squires. Please inform the State Director of Sweethearts if you are interested in this position.

Dress Code

Casual: pair of slacks skirt, or dress with polo shirt

Business: pair of slacks, skirt, dress with a blouse

Formal: full length gown

Athletic: shorts, sweatpants, t-shirt and sneakers

Event Attire: always check the event dress code

Swimwear: tasteful attire (no thong)

**please not if a skirt (no mini skirt) and if a dress (slightly above the knee is acceptable)
If you wear pants (no holes)
*Note-when to wear the sash and crown – any time you are wearing a skirt or dress.

Public Speaking Tips

You will be asked to speak in front of individuals/groups. This is a skill practice to become a better speaker in public.

Here are a few tips:

- Know the Audience – who will you be speaking in front of
- Stick to the Topic- know what the subject you are speaking about
- Honor Time Limits – a good speech is about 3-5 minutes
- Rely on Natural Strengths-range of emotions
- Ask for Feedback- practice ahead of time and ask for feedback

Oath/Installation

*Who can install a Sweetheart:
Chapter: Past Chapter Sweetheart, Past or Current State Sweetheart, State Director of Sweethearts or the Chapter Sweetheart Advisor
State: Past State Sweetheart or State Director of Sweethearts

*Attire: Chapter or State Level, the female will be in formal attire (dress or gown – no shorter than knee length)

Ceremony:

Chapter: the Marshall escorts the Sweetheart West to the alter for her to take the oath.
She remains standing and follows the instructions from the Installing Sweetheart officer.
The Sweetheart is then escorted by the marshal to the East for the crowning ceremony and sash by the installing Sweetheart officer.

Oath

Brother Marsal, you will escort the Sweetheart elect to the alter.

(Sweetheart Name) the members of the (state/chapter)
Order of DeMolay have honored you with the title of Sweetheart. Your success depends upon your conduct and manners, remembering that first impressions are lasting. As you are assuming the obligation, place your right hand upon your heart.

Do you promise to encourage and support the growth of DeMolay?
(I will)

You will support the cardinal virtues precepts of DeMolay?
(I will)

Do you promise to uphold the high standards of womanhood and support the (state/chapter) in all their endeavors?
(I will)

Lower your hand

The members of DeMolay, will you honor, respect, and protect your Sweetheart?

Brother Marshal, you will escort the Sweetheart to the East.

Crowning

As in place the crown upon your head, may it symbolize your commitment to DeMolay you have made. The sash, is placed upon you, symbolizes the many friendships you will make during your time in office. May this night be one of the happiest memories in your life and term of office. May it bring you many hours of enjoyment.
Congratulations.

Youth Protection

Two Deep advising/No one on one's: Unless you are a parent/egal guardian of the individual, no adult should ever be alone with a member of DeMolay.

Rooming Policy: The youth are together with similar age unless over the age of 18. The Sweethearts are never to bin a DeMolay room or vice versa. DeMolay and Sweethearts are housed in separate areas.

Medication / Health Forms/ Photo: The youth taking some form of prescription has risen dramatically. The medications must be under lock and key when not being administered.

Parents/ Legal Guardians are always Welcomed and Encouraged to attend.

Code of Conduct

1. No smoking/Vaping
2. No alcoholic beverage
3. No illegal drugs
4. No profanity
5. No public display of affection
6. Treat each other with respect
7. (State) All events attending must be authorized by the Director of Sweethearts
   (Chapter) by your female assigned chapter advisor

RECEIPT OF SWEETHEART HANDBOOK

I, _____, acknowledge receipt of this Sweetheart Handbook & Guide. I understand that it's my responsibility to read and become familiar with all topics covered in this handbook. I will discuss any questions with the Chapter Sweetheart Advisor or State Director of Sweethearts.

Signature:_____

Print Name:_____

Date:_____

New Jersey DeMolay Sweetheart

Chapter Application

Date:_____

Name:_____ **Nickname:** _____

Address:_____

_____

Cell Phone #:_____

Age:_____ **Birthday:**_____

DeMolay Chapter:_____

Rainbow Assembly:_____

What school do you attend:_____

Education Level:_____

Authorization:

_____

Application Signature

_____

Legal Guardian Signature

New Jersey DeMolay Sweetheart

State Application

Date:_____

Name:_____ **Nickname:** _____

Address:_____

_____

Cell Phone #:_____

Age:_____ **Birthday:**_____

DeMolay Chapter Currently a Sweetheart:_____

Rainbow Assembly:_____

What school do you attend:_____

Education Level:_____

Do you have a driver's license Yes_____ No____ (check one)

If not, do you have someone able to provide you with a ride to the DeMolay event?

Yes_____ No_____ (check one)

Please explain why you want to be a State Sweetheart?

Authorization:

_____

Application Signature

_____

Legal Guardian Signature

Date: _____

Photo Release Form

I _____ hereby assign and grant to DeMolay International the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by DeMolay International, and I hereby release DeMolay International from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of DeMolay International and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Jurisdiction:_____ Chapter:_____

Signed: _____

Guardian Name: _____
(If under the age of 18)

Guardian Signed: _____
(If under the age of 18)

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