



# Signature Pages

*Please retain originals of these documents, officer candidates will be asked to bring the original copy to their state officer interview. Location and date are still being finalized.*

## Obligations of a State Officer:

1. I understand the responsibilities of officers and have read the Indiana TSA Constitution and Bylaws.
2. I understand that I am obligated to attend and participate in the following meetings as a state officer:
  - a. 2 State Conference Meetings: the state meeting where I will be installed and the state meeting where I will carry out the duties of the office.
  - b. The State Officer President of Indiana TSA will participate as the student representative at all of the Board of Directors Meetings for Indiana TSA and have one vote. Location is via webinar.
  - c. State Officer Training in June – 2 Days
  - d. Fall Leadership Rally (Typically held in September or October)
  - e. State Officer Team Meetings
  - f. CTSO Day at the Statehouse – February
  - g. Other activities as determined by the state officer team and/or Officer Advisor
3. I understand that I am eligible and encouraged to participate in the National TSA Conference.
4. I realize that there will be some personal expense involved in some of the meetings and that I am responsible for my own transportation.
5. I understand that if I fail to attend meetings without a legitimate excuse, I must resign my office.
6. I understand that if I resign or am dismissed from my office, I will be obligated to reimburse Indiana TSA for expenditures related to being a state officer.
7. Only the Officer Advisor in consultation with the Board of Directors has the authority to appoint the replacement officer to fill an office that has been vacated.
8. If elected, pledge to make every effort to fulfill the obligation of this office.

**X** \_\_\_\_\_ **DATE** \_\_\_\_\_

State Officer Candidate



### Obligations of the Parent/Guardian:

I give my permission and pledge my cooperation to assist the applicant, if elected to an office, in carrying out the responsibilities of his/her office.

  X   \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian

### Obligations of School Staff and Faculty:

I grant permission and will support the applicant, if elected to an office, in carrying out the responsibilities of his/her office.

Does the applicant have satisfactory attendance according to the local school policy?

***Please attach an official transcript with this application that includes GPA, completed courses, and attendance.***

  X   \_\_\_\_\_

Principal

  X   \_\_\_\_\_

Chapter Advisor

DATE \_\_\_\_\_

DATE \_\_\_\_\_