



Maryland Order of DeMolay State Sweetheart Candidate Qualification and Application Form



Name: _____

Chapter: _____

Address: _____

City/Zip: _____

Telephone: _____

Birth Date: _____

School: _____

Grade Level: _____

GPA _____

Qualifications:

1. Must be between the ages of 16 and 21 years of age on date of competition.
2. Must have approval of parents and Chapter Advisor.
3. Must be willing and able to travel.
4. Must submit application at least 30 days prior to the first day of Conclave
5. Cannot have been previously elected to the office of State Sweetheart
6. Must complete/pass Leadership Correspondence Course (LCC) #1
7. Must agree to all other qualifications listed on qualification page.

I have read and understand the qualifications for State Sweetheart and will abide by them. If I am elected, I will accept and perform all responsibilities of State Sweetheart.

Candidate Signature

Date

Parent/Guardian Consent:

I agree to my daughter running for the position of Maryland State Sweetheart, with the understanding that if elected, it will involve active participation including travel to chapter, state, and neighboring jurisdictions for activities and conventions. I understand that occasionally participation in these activities will require overnight stays with other Sweethearts, where, if I am not available to attend, adequate/appropriate chaperones will be provided. I understand and have reviewed with my daughter the responsibilities and commitments involved with serving in this capacity. With this understanding, I consent to my daughter running for State Sweetheart, and if elected, I will support and encourage her in this endeavor.

Parent/Guardian Signature

Date

Chapter Consent:

Chapter Advisor Signature

Date

If I should be elected to the position of Maryland DeMolay State Sweetheart, I agree to fulfill the responsibilities of this position as outlined in this contract.

I also agree to share this contract with my parents or guardians to make them aware of the endeavors that I will to participate in over the next year.

I understand that this contract is effect from the date that I sign it through the close of Conclave the following year. A copy will be kept on file with the State Sweetheart Coordinator and Executive Officer.

I also understand that my advisor for the year is the State Sweetheart Coordinator. She will also serve as my official chaperone during my reign, if she is unable to serve as a chaperone for an event, my parent agrees to serve as my chaperone or assist me to find a chaperone that is approved by the State Sweetheart Coordinator.

If at any time I have questions, concerns, ideas, or am not meeting my responsibilities as State Sweetheart, I will consult with the State Sweetheart Coordinator.

If during my term, and after consulting with the State Sweetheart Coordinator, I am not fulfilling my duties, I can and will be removed from my position at the request of either and approval of both the Executive Office and State Sweetheart Coordinator. In this event I understand that if I am elected as State Senior Miss, I agree to assume the role and responsibilities of the State Sweetheart with all the same expectations.

I understand, have shared with my parents, and agree to the terms outlined in this contract.

Sweetheart Name

Chapter Name

Sweetheart Signature

Date

Parent Name

Parent Signature

Date