



Chapter Sweetheart Application

Chapter: _____ Term: _____

Name: _____ Birth Date: _____

Address: _____

Telephone: _____ E-Mail Address: _____

School, Grade Level, and Grade Average: _____

Assembly/Bethel and Current Office: _____

Other Groups/Organizations you belong to _____

Hobbies/Talents/Interests: _____

Do you have any priorities that might prevent you from performing your Sweetheart Duties, please list:

Will you have transportation to DeMolay events? Yes No
Do you understand the DeMolay Dress Code? Yes No

Please prepare/type a one-page letter of intent and attach to this application.
Include: 1. Why you would like to be a Sweetheart for this Chapter, 2. What your goals may be for your term if elected. *Remember that this will be read at the Chapter before voting takes place!*

I am recommending the above Sweetheart Applicant

I approve the above Application for Sweetheart

Sponsoring DeMolay Member

Chapter Advisor

I give permission to my daughter to serve, if elected as Chapter Sweetheart. I have been informed of the commitment required, the chaperone policy, dress code, and general rules as outlined in the Chapter Sweetheart Manual (that will be provided if elected).

Parent or Guardian Signature

Date

I agree to cooperate with the Chapter and MSADC in improving the interest of the Order. Should I be elected to serve as Chapter Sweetheart I agree to abide by all the guidelines set forth in the Chapter Sweetheart Manual.

Applicant's Signature

Date