Candidate Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acceptance of Responsibility and Understanding of Election Process:** I recognize that the following obligations are a part of a Missouri DECA State Officer’s responsibilities. I agree to meet the following expectations and others set forth by the Missouri DECA State Advisor and Missouri DECA State Officer Advisors. **Initial each item***.*

**Candidate Initials**

|  |  |  |
| --- | --- | --- |
|  | 1. | I will be a dues-paying member of local, state, and national DECA. |
|  | 2. | I will carry out the State Officers’ Program of Activities and submit reports to the State Officer Advisors according to established deadlines and specifications. |
|  | 3. | I will attend the following conferences. These conferences are mandatory.  Emerging Leaders Summit – July 7-11, 2025 – Kansas City, MO & Phoenix, AZ  Fall Leadership Conference – October 12-13, 2025, Branson, MO  District Vice President Leadership Training Conference – November 5, 2025, Jefferson City, MO  State Conference Planning Meeting – January 10, 2026, Crown Center, KC, MO  District Competitive Events Conference – Determined by individual districts  Legislative Day – Date TBD, Jefferson City, MO  State Career Development Conference – March 22-24, 2026, Crown Center, KC, MO  \*International Career Development Conference – April 24-29, 2026, Orlando, FL |
|  | 4. | I will adhere to the conduct code and dress code established in the Missouri DECA Comprehensive Consent Form and wear a DECA blazer for the entirety of the election events at SCDC. |
|  | 5. | I will clear absences associated with DECA in advance with all my teachers and employer(s). |
|  | 6. | I understand that I will be required to take a written test, screening interview process, Q & A session.Since each is a step as a qualifier to the next part of the process, I realize that I might not be allowed to continue at any one of these steps. |
|  | 7. | have read, understand, and will adhere to all rules, guidelines, and responsibilities associated with serving as a Missouri DECA State Officer. |

Applicant Signature Date

**Signatures of Assurance:**

Advisor: I endorse the above named DECA State Officer Candidate’s leadership skills, seriousness, integrity, and willingness to serve. Should my student be elected to office, I, the Advisor, agree to advise him/her in the completion of the State Officer Program of Activities. I, the Advisor, understand that I will receive emails sent to my student to keep me informed of State Officer activities. **I, the Advisor, acknowledge I am responsible to assist with travel arrangements, notify parents/guardians to transport - or transport my officer when necessary.**

*DECA Chapter Advisor Signature*

*School Administrator Signature*

Parent or Guardian: I am in support of this candidate becoming an elected state officer of Missouri DECA. I will do whatever I can to support and encourage him/her and see that he/she completes the term of office. I understand the election process and am aware that the candidate can only advance if the application packet is completed. **I understand that I may need to assist with transporting my officer when necessary.**

*Parent/Guardian Signature*