

NEW YORK DEMOLAY SWEETHEART APPLICATION



Election for the New York DeMolay State Sweetheart will be held at our annual Convention.

Elections for the Region Sweethearts will be held at the Region Focus Groups during our annual Convention. Both the State Sweetheart and the Region Sweethearts will be installed at the Installation of Officers the Saturday of our annual Convention.

♥ All past or current Chapter Sweethearts applying for Region Sweetheart must fill out and submit this application to the State Sweetheart Director NO LATER THAN July 1!

♥ All past or current Region Sweethearts applying for State Sweetheart must fill out and submit this application to the State Sweetheart Director NO LATER THAN July 1!

All applicants should keep in mind the following requirements before submitting this Application:

Region Sweetheart:

Must be a minimum of 14 years old and not older than 21.

Must have served as a Chapter Sweetheart for one full term OR must have completed a full term of office in one of the local chapters of the Concordant Girls' Organizations.

Must have attended one Region Event and one New York DeMolay State Convention prior to submitting an application to run for Region Sweetheart.

State Sweetheart:

Must be a minimum of 16 years old and not older than 21.

Must have served as a Region Sweetheart for one full term OR must have completed a full term of office as a floor officer for one of the Concordant Girls' Organizations.

Must have attended at least two Region Events, One State Event and New York DeMolay State Convention prior to submitting an application to run for State Sweetheart.

NAME: _____

DOB: _____

Address: _____

City, State, Zip: _____

Phone Number, E-Mail: _____

DeMolay Chapter you are affiliated with: _____

Location: _____

Please list the dates and Chapters/Regions, which you have served as a DeMolay Sweetheart:

Are you a member of a Masonic Youth Organization? : **YES** or **NO**

Which one? : _____

Offices held/Honors or Awards received as a member: _____

CIRCLE ALL THAT APPLY:

LCC#1 LCC#2 LCC#3 LCC#4 LCC#5 NEVER TAKEN

State/Region Event Attendance - Please list all events you have attended below:

School currently attending: (if none list Graduation date and school attended) _____

Grade or Year: _____

Employment: _____

Employment Phone Number: _____

Job Title (if applicable)/Hours Per Week: _____

Circle which apply:

I AM A LICENSED DRIVER I AM NOT A LICENSED DRIVER

Type of License _____

I HAVE MY OWN VEHICLE HAVE ACCESS TO FAMILY VEHICLE Other

I am applying for office of:

STATE or REGION

If applying for Region Sweetheart, which Region are you applying for:

I have attached an explanation on a separate sheet of paper why I would like to be a State or Region Sweetheart and also how I plan to help New York DeMolay during my year as State or Region Sweetheart.

YES or NO

If I am elected State or Region Sweetheart, I will cheerfully comply with the directives of the Executive Officer, Region Governors, and/or their respective representatives. I will give my best efforts to the promotion of New York DeMolay programs and projects, within the demands of my education and employment. My primary concern is assisting the local DeMolay Chapters grow and prosper.

Signature

Date

I understand and consent to the time restraints that will be placed upon my daughter should she be elected State or Region Sweetheart. I further understand that I may, and am encouraged to, at any time, contact the New York DeMolay Office, Executive Officer, Region Governor and State Sweetheart Director to seek clarification or to discuss any concerns I may have regarding my daughter's involvement in New York DeMolay. I understand that as her parent, I am expected to be her chaperone at all events. If I am unavailable I will contact the Region Governor or Region Sweetheart Director (if my daughter is elected Region Sweetheart) or the State Chapter Dad or the State Sweetheart Director (if my daughter is elected State Sweetheart) to make alternative arrangements.

I realize this is an important commitment, and I have signed below reiterating my approval for the financial, travel, and time constraints placed upon my daughter. I have also listed any concerns I may have about my daughter serving as State or Region Sweetheart.

NOTE TO PARENTS: Being a State or Region Sweetheart is an enormous responsibility. If you would like to contact someone before you give your consent, please call the New York DeMolay Office (Phone: 1-888-433-6652 Email: office@nydemolay.org). We will be happy to answer any and all questions you may have.

Parent or Guardian's Signature	Phone Number	Date
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This portion must be signed by the State Sweetheart Director OR another State Advisory Council Member, to be accepted as submitted. All applications received that are not filled out completely will not be accepted..

Signature	Position	Date
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