



Chapter Candidate Application Form

I wish to be considered as a candidate for the following office: _____ CHAPTER
_____ Sweetheart
_____ Princess

PLEASE COMPLETE THE FOLLOWING SECTION – PRINT ALL INFORMATION

NAME: _____ NICKNAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ DO YOU DRIVE: _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____

BETHEL and/or ASSEMBLY: _____

WHAT SCHOOL DO YOU ATTEND: _____ GRADE: _____

PLEASE LIST THE OFFICES YOU HAVE HELD IN RAINBOW OR JOB’S DAUGHTERS: _____

PLEASE WRITE A BRIEF ESSAY ON WHY YOU WOULD LIKE TO BE SWEETHEART OR PRINCESS FOR THIS CHAPTER: _____

(Note: If additional space is needed, attach a separate piece of paper.)

Check all that you have completed:

_____ L.C.C. (Level? _____) _____ P.H.K. _____ S.L.C. _____ R.S. _____ P.S.S.A.

BETHEL and/or ASSEMBLY APPROVAL SECTION

(Note: If you belong to both Job's Daughters and Rainbow, your form should be approved by both organizations.)

We pledge the support of our Bethel and/or Assembly to this member as she continues her service to DeMolay and the Masonic Family.

Bethel Guardian and/or Mother Advisor

Name of Bethel and/or Assembly

Date

PARENTAL APPROVAL SECTION

We approve of our daughter seeking further service to DeMolay and pledge our support.

Parent or Guardian

Date

APPLICANT SECTION

I have answered the above questions to the best of my ability. I agree to cooperate with the Chapter, Division and Jurisdiction to improve the interest of The Order of DeMolay should I be elected to serve as Sweetheart or Princess.

Applicant

Date

ADVISORY COUNCIL APPROVAL SECTION

I have verified all of the requirements have been met and have received this application for view by the Advisory Council.

Advisory Council Member

Date

Please submit the completed form to the Chairman of the Advisory Council.