Candidate Application Form

I wish to be considered as a candidate for the following office(s):

☐ NCDA ☐ SWEETHEART

☐ DIVISION _____ ☐ PRINCESS

PLEASE COMPLETE THE FOLLOWING SECTION – PRINT ALL INFORMATION

NAME: _____ NICKNAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ DO YOU DRIVE? Y / N

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

I AM A MEMBER OF: (check all that apply) ☐ JOB'S DAUGHTERS ☐ RAINBOW FOR GIRLS

IS YOUR BETHEL GUARDIAN AND/OR MOTHER ADVISOR AWARE OF YOUR DESIRE TO BE IN THE SWEETHEART PROGRAM ☐Yes ☐ No

BETHEL:	ASSEMBLY:
BETHEL GUARDIAN NAME:	MOTHER ADVISOR NAME:
PHONE NO:	PHONE:
EMAIL:	EMAIL:
MEETING NIGHT/TIME:	MEETING NIGHT/TIME:

Note: The Sweetheart Advisor will be contacting the person(s) listed above. As a courtesy, please share your desire to be in the Sweetheart Program with her before your Chapter Advisor contacts her.

LIST THE OFFICES YOU HAVE HELD IN RAINBOW OR JOB'S DAUGHTERS:

_____

_____

LIST ANY LEADERSHIP POSITIONS YOU HAVE HELD IN OTHER ORGANIZATIONS:

_____

WHAT SCHOOL DO YOU ATTEND?: _____ GRADE: _____

ANY YOUNG LADY, WISHING TO SERVE DEMOLAY AT THE DIVISIONAL OR JURISDICTIONAL LEVEL, SHOULD HAVE A "PLATFORM", INDICATING WHAT THEY'D LIKE TO ACCOMPLISH BY THEIR SERVICE IN THAT OFFICE AND WHAT SKILLS OR TALENTS THEY WOULD BRING TO THE OFFICE. SHOW BELOW WHAT YOUR PLATFORM WOULD BE IF YOU ARE APPROVED TO RUN FOR OFFICE:

_____

_____

_____

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

Check all that you have completed:

- ☐ L.C.C. (Lessons 1 2 3 4 5)
- ☐ Sweetheart Leadership Conference (SLC)
- ☐ Pink Honor Key (PHK)
- ☐ Past Sweetheart Service Award (PSSA)
- ☐ Lamp of Knowledge (LoK)
- ☐ Representative Sweetheart (RS)
- ☐ Have-A-Heart Project

PARENTAL APPROVAL SECTION

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

_____ _____

Parent or Guardian ***(Print and Sign)*** Date

APPLICANT SECTION

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

_____ _____

Applicant's Signature Date

Please return this completed form to:

Northern California DeMolay Association
34400 Mission Blvd., Union City, CA 94587

DEADLINE: _____, 20__

----------FOR DIVISION / JURISDICTIONAL USE ONLY----------

ADVISOR/DIRECTOR APPROVAL SECTION

I have verified that all of the requirements have been met. I have checked with her Bethel Guardian and/or Mother Advisor to confirm that her dues are current.

_____ _____

Division Sweetheart Advisor/ Jurisdiction Sweetheart Director Date