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? Y / N

HOME PHONE: _____ CELL PHONE: _____

EMAILADDRESS: _____

BETHEL and/or ASSEMBLY: _____

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

_____

_____

WHAT SCHOOL DO YOU ATTEND?: _____ GRADE: _____

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

_____

_____

_____

_____

_____

_____

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

Advisory Council Member _____ Date _____

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