
Local Membership Application 2018-2019

HOSA is a student organization whose mission is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill and leadership development of all health science technology education students, therefore, helping students to meet the needs of the health care community. The Jackson High School HOSA Advisor is Erin Acheson, AP Psychology and Anatomy Teacher.

JHS HOSA provides:

- | | |
|--------------------------------|--------------------------------------|
| * Travel Opportunities | * Leadership Development |
| * Challenging Competitions | * Career Exploration and Development |
| * Community Service Experience | * Friendship and Fun |

You will get to know people in your school, community, state, and across the nation as you participate in local, state and nationally sponsored events. Members have the opportunity to compete for awards and recognition on the local, state, and national levels in more than 40 different event categories including health care skills, leadership skills, team events, public speaking, job interview and much, much more! Scholarship and career opportunities may also develop with participation in HOSA events.

Each member of a HOSA Chapter has numerous responsibilities and as a member you are choosing to commit to:

- Become familiar with and knowledgeable about HOSA
- Act as a role model for your fellow students, always acting respectful to speakers, fellow students, and staff.
- Attend and actively participate in Chapter meetings and activities
- Volunteer services and talents to the benefit of the HOSA Chapter
- Communicate effectively with other HOSA members
- Represent HOSA in a positive manner, projecting a good image to the school and community

For more information visit:

www.hosa.org
www.wahosa.org

National HOSA
Washington HOSA

Or Contact: Erin Acheson (425) 385-7170 eacheson@everettsd.org

2017-2018 HOSA Contract

I, _____, understand that as a member of HOSA, I am subject to the rules and bylaws of the organization, the JHS Parent/Student Handbook and the JHS Athletic/Activity code. I agree to pay the \$20.00 dues, the \$50.00 ASB Fee (if not previously paid to participate in JHS activities or sports), plus the cost of the HOSA T-Shirt. I understand the cost of my shirt will vary depending on which style I choose (\$10-\$15). HOSA shirts will be worn for official HOSA activities, such as field trips and community service. *There will be additional costs for students who compete.* Activities such as fund-raisers will help defray some of the costs for state and international competitions. Competing at the State Leadership Conference is *optional* for all members. I agree to actively participate in HOSA activities and to become a valued member of the JHS HOSA Chapter, and represent myself and our HOSA chapter in a positive manner. If the dues/participation are a hardship, please see Mrs. Acheson.

As future healthcare professionals HOSA members are held to a high standard. HOSA members must demonstrate honesty and integrity. I must exhibit positive behaviors as a representative of HOSA. I understand that HOSA is a professional student organization and a co-curricular activity. To be a member in good standing and be eligible to *compete* in local, state, and international HOSA events I must:

- Maintain an overall 2.5 average GPA, and a 3.0 in my biomedical classes.
- Attend required meetings. Meetings are an extremely important part of HOSA as we plan for travel to state and international conferences. Members planning to attend State and possibly International conferences must attend all meetings from January on, to ensure adequate preparation. All meetings prior to January are highly encouraged.
 - Meetings will be announced and information will be posted on the website if you have to miss. It is your responsibility to stay caught up on information.
- Maintain a record free of disciplinary action.
- Log at least 5 hours of practice time, either through Biomedical Sciences courses or as scheduled in Mrs. Acheson's room.

Important Dates:

November 3, 2018	Fall Leadership Conference	Everett, WA
March 7-9, 2019	WA HOSA Spring Leadership Conference	Spokane, WA
June 19-22, 2018	International Leadership Conference	Orlando, FL

Other field trips, guest speakers, events, and activities will occur throughout the school year. We will actively seek out fundraising opportunities to help lower the cost for State and International Leadership Conferences. Funds will be tracked by student participation.

If you wish to donate in advance of being asked to participate (or have family, friends, or businesses donate) in fundraisers, you can make a direct, tax-deductible donation to JHS HOSA through our ASB office.

Return this to C219 signed with your receipt for dues

JHS HOSA Member Information Sheet and Application

Membership (circle one): **New Member** **Returning Member** Grade: **9** **10** **11** **12**

Name (as you would prefer on name tag at conferences): _____

Student Cell Phone: _____

Preferred Email address: (School or home) _____

Preferred method of contact: **Email** **Texts** **Phone Calls**

Which Biomedical Sciences Course(s) are you currently enrolled in:

T-Shirt: **LONG Sleeve** **SHORT Sleeve** T-Shirt Size: **XS** **S** **M** **L** **XL** **2XL**

DEMOGRAPHIC INFORMATION (required) HOSA requires you to choose one...

Gender: **Male** **Female**

Ethnicity: **American Native** **Asian** **African American** **Arabic** **Hispanic** **white** **Other**

Post-Secondary Plans: _____ Career Interest: _____

General HOSA Information

School related activities you are involved in this year:

What do you want to gain from your experience as a HOSA member?

Any medical issues or food allergies that we need to be aware of: _____

Do you currently plan to *COMPETE*: **Yes** **No** **Undecided**

Are there any specific activities you would like to see HOSA do this year?

I understand I have chosen to make a commitment to Jackson High School HOSA-Future Health Professionals and will be assessed a \$40.00 fee.

Student signature: _____ Date: _____

Parent Signature: _____ (Chapter Officer/Adviser Use Only)

This member has paid dues: ☐ Date: _____

This member has been entered online: ☐ Date _____