

WCTSMA STATE OFFICER

JOB DESCRIPTION AND APPLICATION

POSITION: Washington Career and Technical Sports Medicine Association State Officer

Length of term: One Year (end of this year's state competition to end of next year's state competition)

Send completed paperwork to: Chris Hiatt, LAT, ATC
South Kitsap High School
425 Mitchell Ave
Port Orchard, WA 98366
360-874-5769
stateofficerdirector.wctsmabod@gmail.com

DUE DATE: Two weeks before State Competition.

JOB DESCRIPTION/ROLES AND RESPONSIBILITIES:

- **Represent the WCTSMA in a respectable manner:** Present self in a profession and appropriate manner, throughout all WCTSMA events
- **Attend and model appropriate behavior for WCTSMA events:** Including Summer Leadership Conference, Winter Leadership Conference, State Competition/Symposium, and other leadership events.
- **Attend planning meetings for WCTSMA events:** includes planning meetings for Winter and Summer Leadership Conference and planning meetings for State Competition
- **Represent the students:** gather opinions from the students of the WCTSMA and translate them to the leadership committee
- **Make recommendations to the student president(s):** Send ideas of changes and ideas you believe would benefit the students of the WCTSMA with the student president(s) to take to the board of directors
- **Assist student president(s) in decision making for WCTSMA events:** includes but is not limited to State competition (student representative meeting, leadership games, etc), Winter Leadership Conference (Activities, Speaker, etc), and Summer Leadership Conference (activities, etc)
- **Assist in emceeding WCTSMA events if need be:** May include state competition, winter leadership conference, and summer leadership conference
- **Communicate with Student President(s) on a regular basis:** be able to receive emails and/or texts and participate in phone conferences regarding Student Leadership Activities frequently.

REQUIREMENTS FOR POSITION:

Freshman, Sophomore, or Junior academic standing

Minimum of 2.8 GPA (on a 4.0 scale)

Cover Letter

Application

Sealed Instructor Evaluation

- ★ Applicants will be interviewed on Friday or Saturday of State Competition by the current State Officers. Times and place TBD.
- ★ If less than two applications are received by due date, applications will be accepted at state competition on Friday.
- ★ Any questions, contact: stateofficerdirector.wctsmabod@gmail.com

WCTSMA STATE OFFICER APPLICATION

Name: _____ Date: _____

School: _____

Cell Phone: _____

E-mail: _____

Current year in School (circle one) 9 10 11

Overall GPA: _____

What State Officer Position(s) are you interested in:

Why do you want to be a WCTSMA State Officer?

How and why are you qualified to perform the roles and responsibilities of this position?

What do you want to accomplish in the position as a WCTSMA State Officer?

WCTSMA STATE OFFICER APPLICATION INSTRUCTOR EVALUATION

Applicant: Complete the top portion of this page and give it to your instructor. As a courtesy, please provide your instructor with an envelope.

Name: _____
School: _____

Instructor: Thank you for agreeing to submit a recommendation in support of this leadership board applicant. Your comments will not be disclosed to the applicant; will be available only to those involved in the state officer decision process; and will be shredded when no longer needed for state officer decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed). Complete both pages of the form and sign it. Thank you very much for taking the time to provide this critical input!

Name: _____
Position: _____
Phone: _____
E-Mail: _____

The above student is applying for a position as a WCTSMA State Officer. Please rank this applicant in the following areas. (*1 = low, 4 = high*)

	<u>Low</u>			<u>High</u>
Dependability	1	2	3	4
Initiative, Independence	1	2	3	4
Work Ethic	1	2	3	4
Punctuality, Preparedness	1	2	3	4
Motivation, Attitude	1	2	3	4
Cooperation, Teamwork	1	2	3	4
Professionalism	1	2	3	4

Please feel free to provide any other information:

WCTSMA STATE OFFICER APPLICATION INSTRUCTOR EVALUATION – PART 2

Applicant's Name: _____

How long have you known this applicant and in what capacity?

What are the first five (5) descriptive words that come to mind about this student?

What do you think are the best attributes this student will bring to the WCTSMA State Officer Board?

How has the applicant demonstrated leadership ability or commitment to the classroom/school/athletic training room/community? Please give a specific example.

If you have additional comments that would assist the WCTSMA State Officer Review Committee in making a decision, please use the space below or attach an additional sheet of paper.

Signature of Instructor

Date

Printed name of Instructor

INSTRUCTOR/ADVISOR'S ENDORSEMENT

It is my considered judgment that this candidate has the ability, qualifications, and integrity necessary to do an outstanding job as a state officer. I hereby give my consent and promise of support in fulfilling the obligations of the office.

I will also affirm that the candidate:

- a) is a current student in a sports/athletic medicine class or medically related class;
- b) is a freshman, sophomore, or junior at the time of election; and
- c) has a scholastic GPA of at least 3.0 (based on a 4-point scale) when his/her grades for the preceding Spring and Fall semesters (or equivalent trimesters) prior to running for office are averaged.

Instructor/Advisor's Name _____

Instructor/Advisor's Signature _____

Date _____

PARENT, PRINCIPAL, AND DISTRICT CTE DIRECTOR ENDORSEMENTS

The above-named student has displayed punctuality; good attendance, responsibility, and overall good citizenship while a member of the high school student body. We therefore endorse him/her for the office being sought and will provide support for the obligations of this officer.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Principal's Name _____

Principal's Signature _____

Date _____

District CTE Director's Name _____

District CTE Director's Signature _____

Date _____