



## Georgia DeMolay STATE OFFICERS APPLICATION PROCEDURE

**To be considered for a state office in the Associated DeMolay Chapters of Georgia, the following criteria must be met before the application deadline.**

-All applicants for Elected State Office shall:

- Include a resolution from his chapter endorsing his candidacy
- Be Past Master Councilors of the chapter sponsoring them for office
- Have completed all five parts of the Leadership Correspondence Course
- Have completed the Georgia Leaders Academy, GLA
- Hold the designation of Representative DeMolay
- Reached the age of 16 (by the time of the election)

-All applicants for appointed State Office shall:

- Be Master Councilors or Past Master Councilors of their local chapters
- Have completed all five parts of the Leadership Correspondence Course
- Hold the designation of Representative DeMolay

-A State Officer Application Form must be completed, with all required signatures affixed and, *along with a separate Letter of Intent containing the information noted on the application form*, forwarded to the Georgia DeMolay Director of State Officers by the deadline specified on the application form.

-The form entitled Requirements for Care and Maintenance of Georgia DeMolay State Officers' Collars must be read, signed, dated, in the same packet with the State Officer Application Form.

-The sheet of information headlined "State Officers' Duties" should be read carefully to determine whether the applying DeMolay is willing to commit the time and energy necessary to fulfill the duties of the state office he is seeking. A copy of the sheet must be signed by the candidate for state office and returned in the packet with the application form and other materials.

-A \$100 application fee must be included with the application. This fee covers the State Officer uniform and collar maintenance. In the event your application is not approved for office; this fee will be refunded in full.

### **State Officer Application Checklist**

*When applying for a state office, the following materials must be a part of the application packet:*

- \_\_\_ Completed and signed "Application to Serve as a State Officer" form
- \_\_\_ Letter of Intent to accompany the application form
- \_\_\_ Signed "Requirements for Care and Maintenance of Georgia DeMolay State Officers' Collars" form
- \_\_\_ \$100.00 State Officer Application Fee check made to Georgia DeMolay
- \_\_\_ If applying for elected office, a resolution from your chapter endorsing the candidacy

## **Requirements for Care and Maintenance of Georgia DeMolay State Officers' Collars**

**All members of the Georgia DeMolay State Officers' Team are required to adhere to the following criteria when in possession of the State Officer's Collar and Jewel of their Office:**

- The State Officer's Collar is for the use of the State Officer to which it is assigned ONLY. No other person should wear the collar or handle it.
- The Collars are for use during sanctioned DeMolay meetings, programs, and/or ceremonies, or the meetings, events and/or ceremonies of other organizations as may be approved by the Executive Officer or the Director of State Officers. Due to their delicate nature, the Collars are not to be worn while participating in certain social or sports activities.
- The Collar should only be worn on top of a coat and tie.
- After each use, the Collar should be wiped clean with a soft cloth before storing. Do not apply any type of cleaning solution to the Collar.
- When not in use, the Collar is to be carefully and properly stored. The Collar should only be stored in its original carrying case.
- The Collar and its carrying case are to be stored in a cool, dry place, and only in areas that will protect the Collar and its case from damage of any type.
- The Collar is not to be altered in any manner whatsoever.
- Any breakage, proposed alteration or needed maintenance must be reported to the Director of State Officers or the Executive Officer so that the proper steps to be taken.

### **Statement of Understanding**

I have read the Requirements for the Care and Maintenance of Georgia DeMolay State Officer's Collars. I understand the requirements and submit to use and care for any Collar assigned to me as a State Officer of the Associated DeMolay Chapters of Georgia to follow the requirements.

I understand that for those State Officers positions for which there is a link-style Collar available, I may elect not to submit the Collar maintenance fee. However, by not electing to submit the fee; I understand that my possession of the Collar will be reserved for selected functions and/or activities, and that the Collar will remain in the possession of Georgia DeMolay at other times.

I understand that at the close of my service as a State Officer, whether it is at the end of the current term, by resignation or by removal from office, I will ensure that the Collar in my possession is returned to Georgia DeMolay in a timely manner for maintenance and/or to be re-issued.

By my signature below, I confirm my understanding of the information set forth and my willingness to comply with the requirements established herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_ DeMolay I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

## Application to Serve as a State Officer of the Associated DeMolay Chapters of Georgia

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Contact No. (\_\_\_\_) \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Chapter: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you a student? \_\_\_\_\_ What Grade/Year \_\_\_\_\_ Name/location of school attending: \_\_\_\_\_

If living away from home to attend school, give contact information at school:

Address at School: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are you employed? \_\_\_\_\_ Full or Part Time?: \_\_\_\_\_ Name of Employer and Location: \_\_\_\_\_

Briefly explain your educational and employment plans for the coming year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you seeking an elected or appointment state office? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Do you have consistent access to a dependable vehicle by which you can travel to and from DeMolay functions and use to handle other matters of DeMolay business as may come about? \_\_\_\_\_

Do you have access to a black tuxedo? \_\_\_\_\_ Family vehicle? \_\_\_\_\_ Personal Vehicle? \_\_\_\_\_ Other? \_\_\_\_\_

Check all that apply and provide information requested:

\_\_\_\_\_ Representative DeMolay (RD) \_\_\_\_\_ Current Master Councilor (term: \_\_\_\_\_) \_\_\_\_\_ Attended Leadership Training Conference?

\_\_\_\_\_ Founders Membership Award \_\_\_\_\_ Past Master Councilor (term date(s): \_\_\_\_\_) \_\_\_\_\_ Lessons of LCC Completed? \_\_\_\_\_

\_\_\_\_\_ Blue Honor Key \_\_\_\_\_ Past Master Councilor's Meritorious Service Award (PMC-MSA)

Provide information on DeMolay involvement that should be considered in evaluating you to become a member of the State Officer's Team including Awards received, offices held, specific accomplishments, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Personal Commitment:** In making an application for a State Office, I understand that I will be expected to attend all announced DeMolay state events, plus other activities/events that may be appropriate for the attendance of members of the State Officers Team. I commit that, if selected to serve, I will give the time, energy and effort necessary to fulfill my obligations as a state officer and to further the growth and development of the Order of DeMolay in Georgia. I certify that I am a current or past Master Councilor of a Georgia chapter, that I have completed the Leadership Correspondence Course and that I have obtained the designation of Representative DeMolay (RD). If I have noted above my candidacy for an elected office, I understand that the expectations of an elected officer are even greater than those for an appointed office and will require additional time, energy and effort on my part. Additionally, if I am running for an elected office, I certify that I am a past Master Councilor of the Chapter sponsoring my application and have attended the Georgia Leadership conference. I hereby certify that I have read and understood the responsibilities of a state officer as outlined in the "State Officer Handbook." I commit myself to perform on the level expected of a state officer. I understand that, should I abandon my duties as a state officer and/or consistently fail to perform the duties requested/required of me, my office may be declared vacant and my service as a state officer ended. I further understand that I must be registered and in attendance at Conclave. I understand that I must be unmarried at the time of my election or appointment as a state officer and must remain so during the time I serve as a state officer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Chapter Advisory Council Consent:** On behalf of the Advisory Council of the above-named DeMolay Chapter, I certify that the applicant named hereon is a member in good standing and a current or past Master Councilor of the Chapter, has completed the Leadership Correspondence Course and is a Representative DeMolay. The applicant named is considered by this Council to be worthy of service as a state officer of the Associated DeMolay Chapters of Georgia. If he is selected to serve as a state officer, we understand the expectations and requirements of service as a state officer and pledge our support of his work and involvement on the state level. We pledge the support of his Chapter for him individually, as well as to the state officer's team in general so that the work of the state officers can be successful.

\_\_\_\_\_  
Signature of Advisory Council Chairman or Chapter Dad only

\_\_\_\_\_  
Date

**Confirmation of Parental Understanding and Support:** I/We, the parents(s)/guardian(s) of the above-named candidate for appointed/elected office in the Associated DeMolay Chapters of Georgia, do hereby confirm my/our approval of his candidacy for a state office. I/We have reviewed the Statement of Personal Commitment above and understand that serving as a state officer will require a financial commitment to attend functions during the year, as well as requiring a commitment of time, energy and effort from him. I/We understand that his failure to fulfill the requirements of his office can result in his removal from office and his service as a state officer ended. I/We pledge our support for his work as a state officer during the duration of his term.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**LETTER OF INTENT:** This application must be accompanied by a separate letter from the applicant explaining how his activities, accomplishments and/or responsibilities in DeMolay and elsewhere have prepared him to be an effective state officer, and how his selection as a state officer will help Georgia DeMolay prosper.

**Return State Officer's Application Packet Materials to: Dad Adam Roof; 2919 Clearbrook Drive; Marietta, GA 30068  
Materials must be received no later than one month prior to the annual convention.**