OJCL State of Emergency Candidate Information Form

Name:		Office:	
School:	·····	Sponsor:	
Address:			
City/Zip:			_
Home Phone:	· · · · · · · · · · · · · · · · · · ·	Cell Phone:	
Parent/Guardian Approv	val Received by Sta	te Chair? Y / N	
By signing this document, I	acknowledge that I ha	ve answered this application in	n a truthful and
complete manner. I underst	tand that if elected, I m	ust work interactively with my	Sponsor, fellow
Officers, the State Chairs, a	and the OJCL Members	hip under the spirit and intent	of the OJCL
Constitution and By-Laws.	Also I certify that I have	ve fully reviewed the duties ar	nd responsibilities of
the given Office and will at	tend the required Execu	utive Board Meetings/Convent	ion with my Sponsor
I understand that I am respo	onsible for expenses and	d transportation arrangements	to meetings and othe
related events. Expenses fo	or supplies, postage, cop	pying, etc. directly related to the	ne performance of my
Office duties will be covere	ed by OJCL within the b	oudgetary provisions of my Of	fice.
candidate		sponsor	 date