



HOSA Officer Contract

I have read and understand the HOSA Bylaws for the duties for the position of

_____.

If I fail to perform my duties in this HOSA office, I will be placed on probation or forfeit my position.

If I fail to improve on my duties or have violated school rules, I understand that I may forfeit my position.

Should I resign my position, I will notify the HOSA Chapter President and the HOSA Advisor one week in advance.

I understand that I am expected to attend HOSA meetings regularly.

I understand I am expected to participate in HOSA activities and various events.

Officer Signature

Date

Parent Signature

Date

Chapter Advisor Signature

Date