



State Sweetheart Application

Personal Information

Name					
Address					
City		State		Zip Code	
E-Mail		Cell #			
Birthdate		Age			

Education

Please list your current education level and what school you attend			
School Name		Grade	
Field of Study		GPA:	
Club?		Office held in club:	
Club?		Office held in club:	

	Yes	No
Do you have a valid Rhode Island Drivers License?	<input type="checkbox"/>	<input type="checkbox"/>
If not, do you have someone able to provide you with a ride to DeMolay Events?	<input type="checkbox"/>	<input type="checkbox"/>

Would you be willing to take an on-line course to learn more about the history of DeMolay?

Rainbow Experience			
Assembly		Initiation Date	
Sponsoring Body Name			
Assembly Offices Held:			
Grand Offices Held			

* Please list any other Honors or Awards you have earned

Basic Expectations
<input type="checkbox"/> I will be available to attend all assigned events.
<input type="checkbox"/> I will be able to travel to various chapters' events and support Rhode Island DeMolay as a whole.
<input type="checkbox"/> I will perform all duties that are assigned to me by the Rhode Island State Council, including by the State Master Councilor, and realize that everyone is working towards the goal of bettering Rhode Island DeMolay. I also acknowledge that additional duties may appear as the year progresses that will require my attendance, time, and efforts.
<input type="checkbox"/> I will respond to all communication within an appropriate amount of time including, but not limited to phone calls, e-mails, text messages, and mail.
<input type="checkbox"/> If I cannot attend an event or perform a commitment, I will give advanced notice to the Sweetheart Advisor, Mom Kristen Lawson
<input type="checkbox"/> I realize that I must properly balance school, work, family, and life commitments around DeMolay. I realize that in the event I cannot meet basic requirements, the Executive Officer reserves the right to remove me from office at any time.

Do you agree to the following expectations? Yes No

Photo Release

I hereby grant Rhode Island DeMolay permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of RI DeMolay and will not be returned.

I hereby irrevocably authorize Rhode Island DeMolay to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Rhode Island DeMolay from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Authorization

Applicant Signature

Parent or Gaurdian Signature

Mother Advisor Signature

Executive Officer's Signature

Please send completed forms to rhodeislanddemolay@gmail.com attn: Dad Lawson