

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		
D	o you have a valid Rhode Island Drivers License?				
If not, do you have someone able to provide you with a ride to DeMolay Events?					
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 C	Offices Held:					
Grand Offices Held						

* Please list any other Honors or Awards you have earned

Basic Expectations

□ I will be available to attend all assigned events.

□ I will be able to travel to various chapters' events and support Rhode Island DeMolay as a whole.

□ 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.

 \Box 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.

□ If I cannot attend an event or perform a commitment, I will give advanced notice to the Sweetheart Advisor, Mom Kristen Lawson

 \Box 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.

🗆 Fi	nal, you will n	need to compl	lete a 50-70 w	vord statement	on why y	you are	running a	nd your	Charity	to be
read t	to the DeMola	ys during ele	ctions.							

Do you agree to the foll	lowing expectations?
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Photo Release

Yes

No

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 PHIOTO 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

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