

Candidate Forms

Submit all required forms by the posted deadline. Please type where possible.

Form 1: Candidate Application & Position Interest

Field	Response
Student name	
School / Chapter	
Grade (current)	9 10 11
Home address	
Student cell	
Student email	
Birthdate	
Parent/Guardian name	
Parent/Guardian cell	
Parent/Guardian email	
Second Parent/Guardian name (optional)	
Second Parent/Guardian cell	
Second Parent/Guardian email	

Rank the Vice President positions by interest (1 = most interested).

Position	Rank (1–5)
Vice President of Leadership and Competition	
Vice President of Finance and Marketing	
Vice President of Public Relations and Communications	
Vice President of Membership	
Vice President of Community Service	
Vice President of Social Media	

Form 2: Chapter Advisor Recommendation

Candidate name: _____ School: _____

Rating scale: 1 = Needs growth 2 = Developing 3 = Proficient 4 = Strong 5 = Exceptional

Criteria	Rating (1–5)	Comments (optional)
Reliability / meets deadlines		
Professional communication		
Teamwork and leadership		
Public speaking and presence		
Integrity and decision-making		
Time management / balance with academics		

Advisor narrative (optional but encouraged):

Advisor name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Form 3: Candidate, Parent/Guardian, and Advisor Commitment Agreement

Candidate initials next to each statement:

_____ I will fulfill the duties of my office to the best of my ability and meet deadlines.

_____ I will maintain a minimum 2.5 GPA during my term of office and provide verification if requested.

____ I will attend required state officer activities (virtual and in-person) unless prevented by an emergency or unsafe travel conditions.

____ I will communicate promptly with my advisor and the State Advisor and represent South Dakota DECA professionally.

_____ I understand that failure to meet expectations or serious misconduct may result in suspension or removal from office.

____ I understand that if I am removed for cause, South Dakota DECA may seek repayment of non-refundable expenses paid on my behalf, consistent with board policy and as permitted by law.

Media release (name/likeness):

I authorize South Dakota DECA and DECA Inc. to use my name and likeness (including photographs, video, audio, and footage) in publications, productions, social media, and websites for informational and promotional purposes.

Candidate initial

Parent/Guardian initial

Item	Response
Emergency contact name	
Relationship	
Phone	

Travel and transportation (initial each): Travel permission/medical/emergency paperwork is managed through your school/chapter per local policy and is kept on file by your chapter advisor and the State Advisor.

_____ My student may participate in required SD DECA activities, including travel as scheduled.

____ Our family/advisor will coordinate safe transportation to required events unless otherwise arranged by the association.

____ I understand students may miss school due to required activities and will work with my student on academic responsibility.

Role	Signature / Date
Candidate (print name)	Signature: _____ Date: _____
Parent/Guardian (print name)	Signature: _____ Date: _____
Chapter Advisor / School (print name)	Signature: _____ Date: _____

Form 4: Code of Conduct Acknowledgement

- Respect others, be professional, and follow all instructions from advisors, chaperones, and conference staff.
- No alcohol, tobacco/nicotine (including vaping), marijuana, or illegal drugs at any DECA activity; no possession of prohibited items.
- No harassment, hazing, bullying, fighting, or threats; maintain appropriate language and behavior.
- Follow conference curfew, rooming, and supervision rules; do not leave assigned areas without permission.
- Use technology responsibly; do not post content that is confidential, unsafe, or damaging to DECA, your school, or others.
- Follow all travel and transportation safety rules (seatbelts, approved drivers, designated chaperones).

I understand violations may result in discipline up to removal from office and/or removal from events, consistent with school and state policies.

Candidate name: _____

Candidate signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

Copies: The chapter advisor and the State Advisor each keep a copy of the signed forms on file.