

Jurisdiction of Illinois – Order of DeMolay 2011 Nomination for Elected State Office



The application should be completed in full and returned to the Executive Officer no later than April 15 prior to the DeMolay year requesting to serve.

Qualifications: (one or more qualification may be waived at the discretion of the Executive Officer)

- Be at least 16 years of age (by Conclave)
- For SMC candidates: Have served as Deputy State Master Councilor during the current term
- For DSMC candidates: Have served one term as an Elected State Office
- Have served one term as an Appointed State Officer
- Have served as Master Councilor of your Chapter
- Have completed the Representative DeMolay Award and earned Lamp of Knowledge
- Holds an Obligation Card having learned the Initiatory and DeMolay Degree Obligations.

Last Name		First Name			Member ID	
Home Chapter	Year Joined	Age	Grade	MC Term Year(s)	Appointed Officer Term(s)	
Address		City & Zip		Home Phone	Cell Phone	

I hold the following honors/awards (check all that apply):

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> Obligation Card | <input type="checkbox"/> Rep. DeMolay (RD) | <input type="checkbox"/> PMC-MSA | <input type="checkbox"/> Lamp of Knowledge |
| <input type="checkbox"/> Blue Honor Key | <input type="checkbox"/> Founders Mbr (FMA) | <input type="checkbox"/> Chevalier | <input type="checkbox"/> DeMolay of the Year |
| <input type="checkbox"/> Legion of Merit | | | |

I am running for the following State Office : (check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> State Master Councilor | <input type="checkbox"/> Dep. State Master Councilor | <input type="checkbox"/> State Senior/Junior Councilor |
| <input type="checkbox"/> State Scribe | <input type="checkbox"/> State Treasurer | *Unsuccessful challenges for Senior Councilor will run off for Jr. Councilor. |

STEP 1: COMPLETE THE LETTER OF INTENT

A type written letter of intent must be submitted. This letter MUST include:

- | | | |
|----------------|------------------------------|---|
| • Your Name | • Office you are running for | • What you hope to accomplish as a State Officer. |
| • Your Chapter | • Your qualifications | |

You may also include a request for waiver from EO for any qualification(s) you do not meet explaining why you should be considered. Sign your letter of intent and submit with this nomination form.

STEP 2: SECURE NOMINATION AND SECOND

You must secure the signature of two DeMolays to nominate and second your candidacy for State office. The DeMolay nominating you may NOT be from your home Chapter. Any DeMolay may second your nomination.

	DeMolay Name	Home Chapter	Signature
NOMINATED BY:			
SECOND BY:			

STEP 3: ACKNOWLEDGE YOUR DUTIES & RESPONSIBILITES

Duties of an Elected State Officer in Illinois DeMolay:

- Represent Illinois DeMolay 7x24x365.
- Attend all State Staff and State Officer Meetings.
- Attend all State events. Serve as Youth Director for one State event during the year.
- Assist in Chapter Installation Ceremonies when requested.
- Make regular visits to assigned Chapters throughout the year. Visit each Illinois Chapter (ones not assigned to you) no less than once during the term.
- Help with Installation ceremonies when requested.
- Make regular contact with the Master Councilors from your assigned Chapters.
- File reports and travel reimbursement requests on time.
- Serve at the will and pleasure of the Executive Officer of Illinois DeMolay

Initial the following:

- _____ - I have read and understand the duties of an elected state officer and agree to fulfill the duties and responsibilities.
- _____ - I understand as an Elected State Officer, my DeMolay duties begin and end with my State Officer responsibilities.
- _____ - I agree that I will continue to improve myself with my membership in DeMolay.
- _____ - My parents and Chapter Advisor approve and support my decision to serve as an Elected State Officer in Illinois DeMolay.
- _____ - I have reliable and dependable transportation for travel to state events/activities.
- _____ - I understand that I may be provided a travel stipend to help cover costs for travel expenses and that if I use all funds prior to the end of my term, I am responsible for all travel costs to fulfill my duties.
- _____ - I understand that I may be responsible to pay registration fees for the state events I attend.
- _____ - I understand that I serve at the will and pleasure of the Executive Officer and may be removed for failure to perform my duties.

Signatures:

<p>_____</p> <p style="text-align: center;"><i>Nominee Signature</i></p> <p>Date: ____/____/____</p>	<p>_____</p> <p style="text-align: center;"><i>Parent Signature</i></p> <p>Date: ____/____/____</p>	<p>_____</p> <p style="text-align: center;"><i>Chapter Advisor Signature</i></p> <p>Date: ____/____/____</p>
--	---	--

Mail completed form to
Illinois DeMolay • Dad Mark Rauschenberger • 4681 Appell Ln • Cherry Valley, IL 61016