

*Florida Jurisdictional Chapter  
Order of DeMolay*

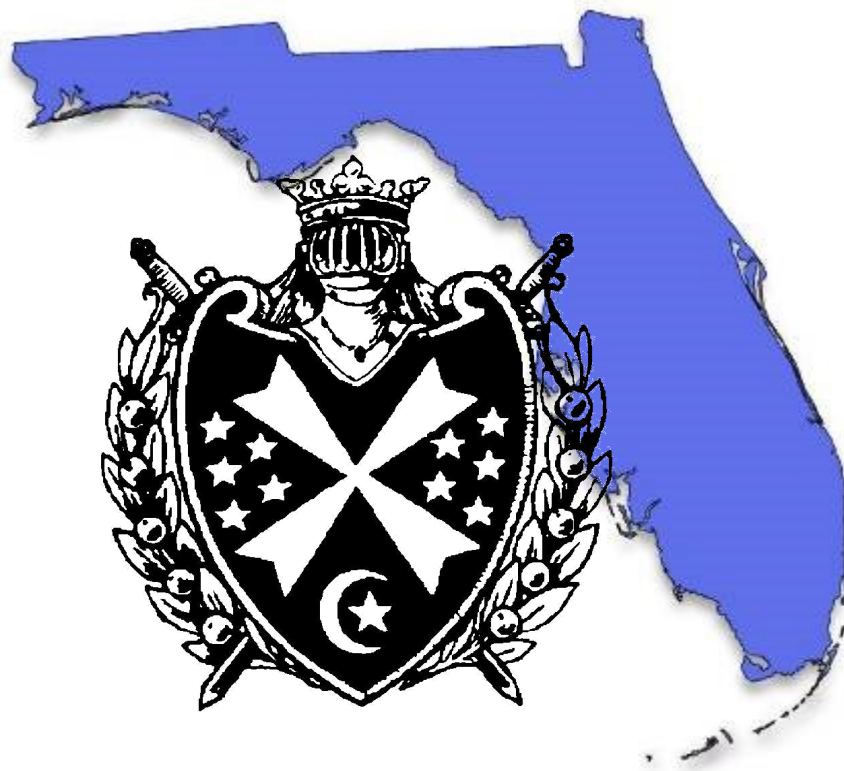


*State Sweetheart  
Rules, Requirements and Application  
Revised April 2021*

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**DEMOLAY**  
FLORIDA

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# The Florida State Sweetheart



This section of your Sweetheart manual is devoted to the application process to become the State Sweetheart.

Without exception, the following items are due to the State Sweetheart Coordinator or to a member of the State Sweetheart Committee no later than the deadline date for Conclave registration, for the young lady to be considered a candidate for State Sweetheart at that Conclave:

1. A completed copy of the State Sweetheart Application form
2. A completed copy of the State Sweetheart Consent Form
3. A completed copy of the DeMolay Medical Release Form
4. A 4 x 6 photo and brief Biography
5. A letter from the Chairman or Chapter Dad attesting to completion of the other qualifications outlined in this manual

# State Sweetheart Candidate

## Rules & Qualifications

Each Chapter, which is in good standing, may recommend one candidate for competition. Her election as a Chapter Sweetheart, and her successful completion of at least one (1) full term as the Sweetheart for her sponsoring Chapter, entitles her to participate in this competition. The length of the term is stated in the chapter bylaws.

Without exception, the following items are due to the State Sweetheart Coordinator or to a member of the State Sweetheart Committee no later than the deadline date for Conclave registration, for the young lady to be considered a candidate for State Sweetheart at that Conclave:

- A completed copy of the State Sweetheart Application form
- A completed copy of the State Sweetheart Consent Form
- A completed copy of the DeMolay Medical Release Form
- A 4 x 6 photo and brief Typed Biography
- A letter from the Chairman or Chapter Dad attesting to completion of the other qualifications outlined in this manual

All forms must be completed and signed by the required parties at the time of their submission. Information omitted or proven inaccurate may result in the disqualification of a candidate.

Should the State Sweetheart resign or be removed from office, the Florida Sweetheart Coordinator will either fill the position by appointment or declare the position vacant for the remainder of the term, determined the circumstances involved and with the guidance of the Executive Staff. If a replacement State Sweetheart is to be appointed, only those young ladies whose applications were properly submitted for the effected term will be considered.

## Qualifications for candidacy

The candidate for State Sweetheart, upon submitting the documentation described above, must:

1. Have completed at least one term as Chapter Sweetheart
2. Be a young lady of at least 16 years of age, but cannot turn 21 during her term
3. Have completed the DeMolay Leadership Correspondence Course in its entirety
4. Have completed and received the Representative Sweetheart award

# *Life as the State Sweetheart*

There are many things that a State Sweetheart can do to ensure a successful term. Supporting Chapters and remembering that the Sweetheart Program is meant to promote the welfare and growth of Florida DeMolay is the most important aspect of the State Sweetheart position. A State Sweetheart who keeps this in mind and works for the good of the Order will be a benefit to the State and will be able to fulfill her responsibilities with ease.

The State Sweetheart is expected to participate actively with the Chapter Sweethearts and keep in close contact with the State Sweetheart Coordinator. Election to, and acceptance of, the position of State Sweetheart is a contract. Any responsibility that is neglected or not accomplished may be assigned to another with or without the input of the State Sweetheart.

The following is an outline of some of the responsibilities of the State Sweetheart:

- Get to know each Chapter Sweetheart throughout Florida
- Escort the State Master Councilor (or his designee) to functions, when appropriate
- Act in a lady-like manner at all times
- Attend Chapter visitations and Chapter installations, functions when invited
- Send approved communications to Chapter Sweethearts and female guests
- Attend Sweetheart & Parents' Club meetings as you are able
- Encourage young ladies to participate in the Sweetheart program, and to complete the LCC
- Work with the State Sweetheart Coordinator in establishing Sweetheart programs at the local Chapter, when appropriate
- Plan fun activities for the Sweethearts
- Review the State Sweetheart Manual & recommend revisions as appropriate
- Be prepared to speak at functions on behalf of Florida DeMolay, if invited to speak
- Travel throughout your term, with an approved Chaperone
- Dress according to the Sweetheart Dress Code
- Attend courses of the John W. Bates DeMolay University pertaining to your position
- Acknowledge & thank any person who aids you with the execution of these responsibilities

The State Sweetheart is responsible for attending all State functions, including summer Conclave, Mini-Conclave & the State Awards Banquet. She is also responsible for attending other events throughout the State to which she is invited, and her schedule permits.



# Florida DeMolay State Sweetheart Candidate Application



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_

Dates served as Chapter Sweetheart: \_\_\_\_\_

Length of involvement in DeMolay: \_\_\_\_\_

Lamp of Knowledge :  Yes  No Date received: \_\_\_\_\_

Representative Sweetheart:  Yes  No Date received: \_\_\_\_\_

Assembly/Bethel: \_\_\_\_\_

School/College: \_\_\_\_\_ Grade: \_\_\_\_\_

Do you take daily medication? Yes No Medication: \_\_\_\_\_

Explain medication usage: \_\_\_\_\_

Are you currently employed: Yes or No Where: \_\_\_\_\_

\_\_\_\_\_

My Female Chaperone for DeMolay functions will be: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_



# Florida DeMolay State Sweetheart Candidate Application



Brief description of yourself: \_\_\_\_\_

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Other activities/interests: \_\_\_\_\_

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I hereby affirm that all of the above information is correct, and that I have read and am familiar with the Rules & Qualifications for the State Sweetheart program, and also with the procedures involved in running for Florida's DeMolay State Sweetheart.

\_\_\_\_\_  
Signature of Applicant/Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Florida Sweetheart Coordinator

\_\_\_\_\_  
Date





# Florida DeMolay State Sweetheart Candidate Consent Form



## Parent/Guardian Consent:

I give consent for, \_\_\_\_\_, to run for the position of Florida DeMolay State Sweetheart. I am aware that, if elected to this very honorable position, it could involve her traveling to functions hosted by other organizations in the area, as well as attending conventions and activities, some of which may require staying overnight with other sweethearts, \_\_\_\_\_ either in their homes or in motels, where adequate chaperones will be required. I also agree to provide her with a chaperone when needed.

This position requires a knowledge of DeMolay, as the State Sweetheart acts as an ambassador for the Order and its members. With this understanding, I will support and encourage her in these activities.

I have read and am familiar with the Rules and Qualifications for the State Sweetheart program, and also with the procedures involved in running for Florida's DeMolay State Sweetheart.

I confirm the candidates date of birth is: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

## Sponsoring Chapter Consent:

As a representative of the Advisory Council of \_\_\_\_\_ Chapter, Order of DeMolay, I hereby confirm that the Council approves and agrees to support/encourage our (current or past) Chapter Sweetheart should she be elected to be the Florida DeMolay State Sweetheart.

Signed: \_\_\_\_\_  
(Chairman or Chapter Dad)

Date: \_\_\_\_\_





**THE SUPREME COUNCIL - DEMOLAY INTERNATIONAL  
MEDICAL HISTORY AND RELEASE FORM**

*(Required for all participants under 21 years of age)*

**IDENTIFICATION OF MINOR PARTICIPANT**

NAME \_\_\_\_\_ STATUS: ( ) ACTIVE DEMOLAY  
 ADDRESS \_\_\_\_\_ ( ) VISITOR  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, and all Affiliated Organizations harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

\_\_\_\_\_  
*(Participant's Signature)* \_\_\_\_\_  
*(Date)*

<b>Health History – DeMolay should be aware that this participant has experienced problems with the following:</b>				
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Ear trouble	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Epileptic Seizures	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Cramps in water	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hernia	<input type="checkbox"/> Throat Infection	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Other	<input type="checkbox"/> Food Allergies			

**CONSENT AND RELEASE**

I, the undersigned Parent or Legal Guardian of the above identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by \_\_\_\_\_, I agree to release and hold harmless members, advisors and officers of DeMolay International, from any and all claims or cause of action, which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize any adult Advisor in attendance to secure, and any physician in attendance to provide, such emergency treatment as may be deemed necessary by those present including but not limited to hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusions, and medication. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

\_\_\_\_\_  
*(Parent or Legal Guardian signature)* \_\_\_\_\_  
*(Date)*

I may be reached at the following numbers during the above-described event.

HOME ( ) - \_\_\_\_\_ WORK ( ) - \_\_\_\_\_ OTHER ( ) - \_\_\_\_\_

**Medical Insurance Information**

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

For Emergency Authorization Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_





Date: \_\_\_\_\_

**Photo Release Form**

I \_\_\_\_\_ hereby assign and grant to DeMolay International the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by DeMolay International, and I hereby release DeMolay International from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of DeMolay International and I specifically waive any right to any compensation I may have for any of the foregoing.

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Chapter: \_\_\_\_\_

Signed: \_\_\_\_\_

Guardian Name: \_\_\_\_\_  
(If under the age of 18)

Guardian Signed: \_\_\_\_\_  
(If under the age of 18)

DeMolay International  
10200 NW Ambassador Drive | Kansas City, MO 64153 | 1-800-DEMOLAY (336-6529)

