



# 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: \_\_\_\_\_

