



Area 3 2022 Fall Leadership Conference



DATE: 9-1-22

TO: All Area 3 HOSA Advisors

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SUBJECT: Fall Leadership Development Conference

The HOSA Area 3 Fall Leadership Conference will be held on October 8, 2022, at Jacksonville High School, 1210 Corinth Rd. Jacksonville, TX 75766. Fall Leadership Conference is open to all HOSA students wishing to attend.

Texas HOSA Fall Leadership Conference is an event for all prospective and current HOSA members as a motivational tool and to showcase the opportunities that HOSA offers.

Registration: All participants (students, advisors, and chaperones) must be registered using the online registration system. apps.hosa.org. Select your area "Card". Chaperones and students not yet affiliated will be registered as guest.

Registration Deadline: September 28, 2022

Fees:

Advisor \$20.00

Secondary, Middle School Student \$20.00

Chaperone \$20.00

Fees Due: October 5, 2022

All Conference Registration fees will be **Mailed** to



**Texas HOSA
P. O. Box 640
Monahans, Texas 79756**



Make all registration fees checks payable to HOSA, TA
No PO's will be accepted.

You are required to pay a registration fee
for every student and advisor that you have registered online. No
deletions or refunds will be made after the conference
registration deadline.

On Site Check-in: Will be from 9:00 am to 10:00 am

Opening Session: Will begin at 10:05 am

Attire: Appropriate Attire for this conference will be comfortable
clothing. (HOSA pride t-shirts preferred).

Transportation/Parking Information: When using the GPS to
navigate to JHS, please enter the address is 1210 Corinth Road. This
will bring you to a winding driveway that will dead end at the drop off

point for the FLC registration/opening session. After students are unloaded, busses will drive to the cafeteria parking lot.

Meals/Snacks: There will be a light breakfast option available upon arrival. Then lunch will be pizza, water, and dessert.

Officer Corner:

Area 3 Color is Red.

This year's Area 3 Fall Leadership Conference will be held at Jacksonville High School, and we are excited to inspire our members to Excel Beyond Their Dreams through our 'Empowering Our Dreams' and 'Sharing Our Dreams' officer recruitment and team building sessions, where students will have opportunities to learn about HOSA, interact with each other, and earn prizes.

We are ready to incite support for the 'Be The Match' service project through our DIY 'Shrinky Dink' Keychain fundraiser: 'Fulfilling Others Dreams'. At our keychain booth, students will be able to donate money in return for pre-made keychains of different designs representing FLC and HOSA, or blank ones so that they can create their own. We will offer deals such as 1 keychain for \$3 or 2 keychains for \$5. This will also be CASH ONLY and will also have a representative from 'Be The Match' present to motivate students to donate.

Our members will also have the opportunity to win prizes for their school and be recognized at the closing session, by submitting the most pictures of their experiences at FLC using the hashtag #area3iskey, or by being the school to raise the most money for our 'Be The Match' service project. These activities and the experiences and interactions they entail will, for sure, motivate our members to help

accomplish others dreams, reach past the stars, and go beyond all limits!



Tentative Agenda

9:00am - 10:00am	Check in
10:05am - 11:05am	Opening Session (Auditorium)
11:10am - 11:45am	Breakout Session
11:50am - 12:25pm	Breakout Session
12:30pm - 1:30pm	Lunch & College Fair
1:35pm - 2:10pm	Breakout Session
2:15pm - 2:50pm	Breakout Session
2:55pm - 3:30 pm	Breakout Session
3:35pm - 4:00pm	Closing Ceremony

We will attempt to ensure all students attend each session however that may not be possible. Since HOSA is about Leadership and Education, the idea is to take the information presented today back to your home chapter and proceed to share the information in your HOSA meetings.

Sessions may include one or more of the following: HOSA AREA 3 Leadership Development presentations and activities, how to become

a HOSA Officer, Radiology, Pre-Med School, “How to apply for Scholarships”, Pharmacy, PA, college student round table, Public Health, Hospital Volunteering, Be the Match, etc.

Additional Information

Concessions: There will be CASH ONLY concessions available throughout the day for purchase.

PALESTINE ST

MASON DRIVE

HENDERSON ST

3 PARK HERE

CAFETERIA

BAND HALL

MAIN OFFICE

2 DROP OFF HERE

FIELD HOUSE

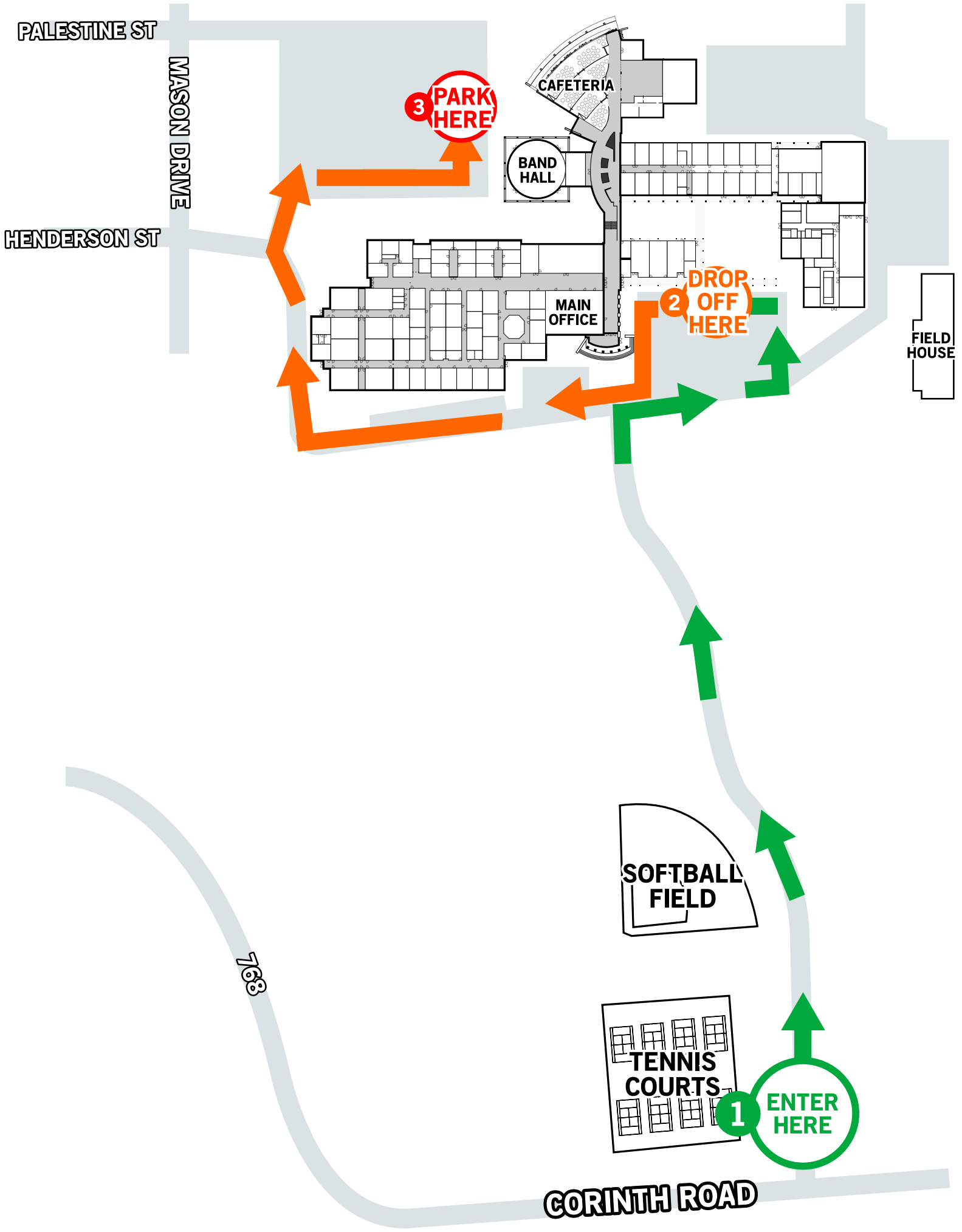
SOFTBALL FIELD

TENNIS COURTS

1 ENTER HERE

768

CORINTH ROAD



School: _____

Advisor: _____

HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. Texas HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established. **HOSA Conference participants are AWARE THAT:**

1. HOSA follows the UIL rules and regulations established for secondary high schools.
2. STUDENT behavior should always be a positive reflection of your school and Texas HOSA.
3. Student conduct is the responsibility of the student and their advisor.
4. STUDENTS will abide by the Texas HOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities. HOSA conference name badges shall be worn at all times when participating in HOSA conference activities.
5. STUDENTS must attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
6. STUDENTS shall keep their advisors always informed of their activities and whereabouts.
7. STUDENTS who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
8. STUDENTS may not purchase, consume, or be under the influence of alcohol or drugs at any time. Smoking or using tobacco products at a school-related or school-sanctioned or Texas HOSA sanctioned activity on or off school property or on conference site is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor or state staff immediately.
10. STUDENTS are expected to observe the designated curfew. (Curfew is defined as being quietly in your own assigned room by the designated hour.) Curfew can be found in conference memo.
11. The student and his/her parents will be expected to pay for any and all damages relating to student behavior which results in loss or damage to property.
12. Students and/or parents will be responsible for any long-distance phone calls, charges to the room, etc.
13. **I have read the above Code of Conduct for HOSA Conferences and agree to abide by the rules.**

I, _____, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

Printed Name of Parent / Guardian Parent / Guardian Signature

Date

Printed Name of Student Student's Signature

Date



HOSA ADVISOR'S AND CHAPERONE'S CODE OF ETHICS

HOSA ADVISORS AND CHAPERONES ARE EXPECTED TO:

1. Project a positive and professional image of Texas HOSA to all those with whom they interact.
2. Promote HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Be accountable to and for their students in all Texas HOSA-related activities.
4. Understand and follow established processes within the HOSA organization that protect the rights of all members.
5. **PERFORM** all assigned duties. Failure of an advisor to perform their duties may result in their chapter being disqualified from conference activities by the Board of Directors.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any Texas HOSA function implies acceptance and practice of these standards.

I have read the above Code of Ethics for HOSA Advisors/Chaperones and agree to accept and practice these standards.

Chapter number _____ School _____

Advisor _____

Signature

Date

Chaperone _____

Signature

Date

Plan of Action: For failure to follow the Advisor/Chaperones Code of Ethics.

Conference with the Board of Directors. Consequences to be determined by the Board of Directors, up to notification sent to the appropriate administrators.

I, _____, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recording, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and /or sound recordings for educational and promotional purposes on any delivery system.

Advisor Signature/Date

School: _____

Advisor: _____

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, Chaperones, Guests and HOSA advisors complete this form as a prerequisite for eligibility to attend any HOSA Leadership Conference. The HOSA chapter advisor should keep the original copy for Area and State Conferences.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Parent/Guardian Telephone: Home: _____ Work: _____

Delegate Physician: _____ Phone Number: _____

Physician's Address: _____

Alternate Contact: _____ Telephone Number: _____

Student is covered by group or medical insurance? Yes, _____ (if yes, complete the following information) No _____

Name of insured: _____

Insurance Company: _____ Group #: _____ Policy#: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- a. Allergies: _____
- b. Physical handicap: _____
- c. Convulsions: _____
- d. Medicine reactions: _____
- e. Blackouts: _____
- f. Disease of any kind: _____
- g. Heart or lung problems: _____
- h. Other (be specific): _____

If currently taking medication, please provide the following information:

* Name of medication:

* Prescribing Physician and Phone Number:

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name. I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible. I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature _____ Date _____

(The above line must be signed by the parent or legal guardian, regardless of applicant's age except for post-secondary applicants.)

Delegate's Signature _____ Date _____