**ELECTION APPLICATION FORM (EAF)**

**FOR MANUAL/DIGITAL ELECTION**

To run for a position in the Student Organization office, each candidate should submit and accomplish the Election Application Form.

***Enclosure No. 1: Election Application Form (EAF) of Student Organization***

**ELECTION APPLICATION FORM (EAF) OF STUDENT ORGANIZATION**

Place your

2X2 Picture Here

The Student Organization lives in the ideals, principles, and practices of participatory democracy. It represents the organization and ready to steer the student body towards the fulfilment of its goal by promoting its rights and welfare. As a student leader, this Certificate of Candidacy is a statement of your purest intention and understanding in a position you are applying for.

1. **PERSONAL DETAILS**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Surname, Given Name, Middle Name, & Extension Name e.g., Jr., I, II…)*

**Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Desired Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender:** |  | | **Age:** |  | | **Date of Birth:** | |  | | |  |  |
| **Email Address:** | |  | | | **Mobile No.:** | |  | | **Landline:** |  | | |
| **Home Address:** | |  | | | | | | | | | | |

1. **Student’s Status**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has good academic standing and has no failing grades in all subject areas? | | |  | **Yes** | |  | **No** |
| Attested by: |  |  | | | | | |
| Class Adviser Name & Signature | Date | | | | | |
| 1. Is of good Moral Character? | | |  | **Yes** |  | | **No** |
| Attested by: |  |  | | | | | |
| EsP/Guidance Coordinator Name & Signature | Date | | | | | |

1. **Parental Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a parent/ guardian will support my son/daughter to the best of my ability as he/she commits to the Student Organization.

I am allowing him/her to participate in the programs, projects, and activities of the Student Organization.

I agree and understand the commitment of my son/daughter and will support his/her endeavor to the Student Organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of the Parent/Guardian Contact Number

I am filing this Election Application Form of Student Organization for school year 2022-2023.

I hereby certify that the facts stated herein are true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate over Printed Name

1. **Leadership Capsule**

**Direction:** Write your answer at the back of this form by answering the guide question.

“What are your qualities that you believe can make a great leader?”

Verified by: Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Screening and Validation Commissioner Youth COMEA Chief Commissioner***

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

**APPOINTMENT APPLICATION FORM (AAF)**

The appointed Student Organization Officer should submit a completed signed application with the following attachments:

* Certificate of Endorsement
* Appointment Form

***Enclosure No. 2: CERTIFICATE OF ENDORSEMENT***

**CERTIFICATE OF ENDORSEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth COMEA Chief Commissioner**

To whom it may concern,

This is to formally endorse the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for a position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I believe that he/she is qualified to that position based on his academic records and good attributes as learner as well.

Attached herein is the appointment form to support his merit as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer for the School Year 2022 – 2023.

*Name of Student Organization*

Sincerely yours,

|  |
| --- |
|  |
| *Signature Over Printed Name of the Organization Adviser* |

**Parental Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a parent/ guardian will support my son/daughter to the best of my ability as he/she commits to the Student Organization.

I am allowing him/her to participate in the programs, projects, and activities of the Student Organization.

I agree and understand the commitment of my son/daughter and will support his/her endeavor to the Student Organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of the Parent/Guardian Contact Number

***Enclosure No. 3: APPOINTMENT FORM***

**APPOINTMENT FORM**

Name of Appointee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level and Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the appointee may take an oath of office for the position assigned by the Youth COMEA.

The functions, duties and responsibilities of a Student Organization Officer will take effect on the day of his oath of office for the School Year 2022-2023.

Signed in the presence of:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Organization Adviser* |  | *Commissioner on Appointment* |

|  |
| --- |
|  |
| *Youth COMEA Chief Commissioner* |

By accepting the terms and conditions of your appointment as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Position) of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Student Organization) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of Appointment), please confirm by signing this certificate.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name of Appointee* |  | *Parents/Guardians Signature Over Printed Name* |

***Enclosure No. 4: Elections Application and Appointment Evaluation Tool***

**ELECTIONS APPLICATION AND APPOINTMENT EVALUATION TOOL**

*(****Note:*** *This Evaluation Tool should be accomplished by the Screening and Validation Committee.)*

**Name of Learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade Level & Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Desired Position: \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direction:** Please check the appropriate box to determine the qualification standards of aspiring learners for Student Organization elections and appointments.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **MOVs** | | **REMARKS** |
| **Yes** | **No** |  |
| 1. Election Application Form |  |  |  |
| * Has good academic standing? |  |  |  |
| * Is of good moral character? |  |  |  |
| * Has parental consent |  |  |  |
| * Answered the Leadership Capsule? |  |  |  |
| 1. Certificate of Endorsement\*\* |  |  |  |
| 1. Appointment Form\*\* |  |  |  |
| 1. Is the learner qualified? |  |  |  |
|  |  |  |  |

*\*\* for appointees*

Verified by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commissioner on Screening and Validation***

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commissioner on Appointment***

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

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Youth COMEA Chief Commissioner***

***Enclosure No. 5: Oath of Office of Student Organization***



Republic of the Philippines

Department of Education

Region III

Oath of Office

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(State your Full Name) (Name of School)*

having been elected/appointed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

*(your current position)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby solemnly swear that I will faithfully

*(Name of Organization)*

discharge, to the best of my ability, the duties of my present position; that I have clearly understood, and I will abide by, the guidelines governing this organization and of the issuances by the Department of Education; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

So, help me God.

|  |
| --- |
|  |
| *Signature Over Printed Name* |

|  |
| --- |
|  |
| *Administering Officer* |