

APPLICATION FOR THE OFFICE OF GRAND WORTHY ASSOCIATE ADVISOR

Instructions: Complete this application, being sure that you meet all requirements and obtain all signatures required. Print clearly. Write a CONFIDENTIAL letter to the Supreme Deputy/Inspector reflecting on your experiences in Rainbow, why you want to run for GWAA and what your potential plans would be if elected. **The letter and application must be received by the Supreme Deputy/Inspector no later than December 1.**

Name:		Assembly:	No
Address:			
(street)		(city)	(zip code)
Phone Number:	Email:		
DOB://	Date Initiated://	Grade in School:	
	s: <i>(circle one)</i> Yes No r Appointments:		
	e one) Sm Med Lg XI be willing to hold another G	L XXL Grand Office: (<i>circle one)</i> Yes	No
 I am at least 16 I am a jeweled I have been in I have been ins Either of the fold I have c I am in installat I have a in your 	obtained my driver's license process of obtaining my dri ion as Grand Worthy Advis a medical issue that preven	ool junior y assembly rs Offices. e ivers license and will have it in sor its me from obtaining my licens blished a driver for my terms ir	e (please note

I understand that for my application to be approved, the following next steps will be taken:

- 1. Application submitted on time to the Supreme Deputy / Inspector
- 2. An initial meeting with the Supreme Deputy/Inspector
 - a. This includes a discussion with my parent(s) to go over expectations, any questions, etc.

- b. It will also include a proficiency test on NH IORG
- 3. A meeting with a group of Past Grand Worthy Advisors to discuss expectations for the term, answer any questions, etc.
- 4. A final meeting with the Supreme Deputy/Inspector to determine the path forward in my election
- 5. Announcement at a state event in the spring

I respectfully request the Supreme Deputy/Inspector review my application for the office of Grand Worthy Associate Advisor in the Jurisdiction of New Hampshire. I understand that with the election to this office I will, barring any unforeseen circumstances, advance to the office of Grand Worthy Advisor. I understand that during my terms as Grand Worthy Associate Advisor, Grand Worthy Advisor, and Jr Past Grand Worthy Advisor that I will have duties and responsibilities to fulfill. I understand that travel within New England is suggested. I understand that there are personal financial obligations to my family and me. I understand that, if elected to Grand Worthy Associate Advisor, or chosen to hold a different Grand Office, I will be required to attend all required state functions. I understand that should I be unable to attend a required function and I do not obtain an excused absence from the Supreme Deputy/Inspector or that should my behavior not reflect the teaching of Rainbow, I will be removed from my Grand Office. I vow to support my Assembly and its functions as often as possible as well as present a positive attitude at all times. If, for any reason, I am removed from my Grand Office, I will return my mascot, bag, jewel, sash, crown, and all other materials that pertain to my Grand Office or are property of the Grand Assembly to the Supreme Deputy/Inspector.

It is with my complete understanding of the above, and the solid support of my parents that I wish to apply for the office of Grand Worthy Associate Advisor.

Applicant's Signature

Date: _____

Parent's Signature

Date: _____

Mother Advisor Signature

Date: _____