

**C.W. Taylor Chapter, Order of DeMolay
Sweetheart Application**

Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____

Are you a member of a Masonic Youth Organization? YES or NO
Which one? _____

Offices held/Honors or Awards received as a member:

School Attending _____
Year _____ Full Time/Part Time _____
Employment _____ Phone _____
Job Title (if applicable) _____ Hours Per Week _____

Declaration of Commitment

If I am elected C.W. Taylor Chapter Sweetheart, I will cheerfully comply with the directives of the members and Advisory Council. I will give my best efforts to the promotion of DeMolay programs and projects, within the demands of my education and employment. My primary concern is assisting C.W. Taylor grow and prosper

Signature _____ Date _____

Parental Consent

I understand and consent to the time restraints that will be placed on my daughter should she be elected C.W. Taylor Chapter Sweetheart. I further understand that I may, and am encouraged to, at any time, contact the Advisor Council Chairman to seek clarification or to discuss any concerns I may have regarding my daughter's involvement in DeMolay. I understand that as her parent, I am expected to be her chaperone to all events. If I am unavailable, I will contact the Advisory Council Chairman to make alternative arrangements.

Signature _____ Date _____