

FORM A

Applicant Name: _____

GRAND BETHEL HONORED QUEEN APPLICATION

APPLICANT BASIC INFORMATION:

Name: _____

Bethel No.: _____ City: _____

Birthday: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Phone Numbers:

Home: _____

Personal Cell: _____

Parent/s Cell: _____

Email: _____

Parent/s Email: _____

Dear Youth Committee:

I would like to be considered as a candidate for Grand Bethel Honored Queen. I reviewed the responsibilities of the Grand Bethel Honored Queen as listed in the bylaws of the Grand Bethel of Oregon and believe that I will be able to meet each of the responsibilities. I have discussed these responsibilities with my parent(s) or guardian(s) and they will support me if I am elected as Grand Bethel Honored Queen.

Applicant's Signature

Date

Applicant will send FORM A with FORM B. If Form A is submitted by email, please type name on the signature line and email from your personal email account.

Send via mail or email to the Grand Bethel Guardian

All materials must **reach** the Grand Bethel Guardian by February 20, 2017

Janet Hernandez, Grand Bethel Guardian
1218 Chemawa Loop NE, Keizer, OR, 97303
503-871-6433 janboh2000@yahoo.com

FORM B Applicant

Name: _____

GRAND BETHEL HONORED QUEEN APPLICATION

JOB'S DAUGHTER RESUME: Please include present and past Bethel offices held, Grand Bethel Offices held and any awards received. You may include other important Job's Daughter accomplishments or participation as well that will show your well roundedness as a Job's Daughter. You may add another page if necessary.

Initiation Date _____ Proficiency Date _____

FORM B needs to be sent with FORM A by the Applicant after FORM B has been verified by the Bethel Guardian Secretary.

Send via mail or email to the Grand Bethel Guardian
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FORM C

Applicant Name: _____

GRAND BETHEL HONORED QUEEN APPLICATION

Bethel Guardian Secretary's Verification:

I, _____, the Bethel Guardian Secretary of Bethel # _____ of _____, Oregon have seen and verify that the information provided on Form B by applicant, Miss _____ is true and correct to the best of my knowledge and records.

I affirm that Miss _____ is a member in good standing* of Bethel # _____.

I affirm that she has been in regular attendance** during Spring Term 2016 and Fall Term 2016 in Bethel # _____.

Number of meetings present: _____

Number of meetings excused: _____

Initiation Date _____

Proficiency Date _____

Guardian Secretary Signature

Guardian Secretary Name

Date

* In good standing – is defined as “owes no monies to the Order and is not under disciplinary action”.

** Regular attendance -- is defined as “present at all meetings of the Bethel unless excused by the Executive members of the BGC for good and sufficient reasons”.

FORM C needs to be filled out and sent by the Bethel Guardian Secretary to verify applicant information is accurate. If Form C is submitted by email, please type name on the signature line(s) and email from Bethel Guardian Secretary's personal email account.

Send via mail or email to the Grand Bethel Guardian

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FORM D

Applicant Name: _____

GRAND BETHEL HONORED QUEEN APPLICATION

Statement of Parental Support:

As the parent (s) / Guardian (s) of the above named applicant, I/we agree to support my/our daughter if she is a candidate for Grand Bethel Honored Queen of the Oregon Grand Bethel. If she is elected as the Grand Bethel Honored Queen I/we will fully support her and be willing to sign the Grand Bethel Honored Queen contract outlining the duties and responsibilities of said office.

Date

Parent(s) / Guardian(s) Signature(s)

Parent(s) / Guardian(s) Printed Name(s)

Cell Phone Number(s) Alternate Number(s)

Email address(s)

FORM D needs to be sent by parent (s). If Form D is submitted by email, please type name on the signature line and email from the parent's personal email account.

Send via mail or email to the Grand Bethel Guardian
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FORM E

Applicant Name: _____

GRAND BETHEL HONORED QUEEN APPLICATION

Confidential Daughter and Guardian Council recommendation form: Bethel # _____

_____ I am a Job's Daughter in the applicant's home Bethel.

_____ I am a Bethel Guardian Council member of the applicant's home Bethel.

_____ I am the Grand Deputy of the applicant's home Bethel.

APPLICANT'S NAME _____

_____ I recommend this Applicant for Grand Bethel Honored Queen

_____ I do not recommend this Applicant for Grand Bethel Honored Queen

Please share any comments you think the committee should know about the Applicant or her Bethel. (You may use the back of this form or a separate piece of paper if you need more space)

FORM E Recommendations need to be returned by the person who fills them out. Applications MUST be completed at a Bethel meeting, collected by the Bethel Recorder or another Daughter designated by the Honored Queen, sealed in an envelope in front of the Daughters, and signed across the seal by the Daughter who collected the recommendations. All recommendations will be kept confidential.

Send via mail to the Grand Bethel Guardian

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