2017-2018

FCCLA State FCCLA Officer-Occupational Member

MN Family, Career and Community Leaders of America

Attached is the application for a new state officer candidate.

*(Note: There is a different application for a current state officer to apply for year 2)*

Deadline February 10, 2017

**Parts of the Application: Submit three (3) copies of your application and forms.**

**Please submit in hard copy via Mail.**

**Application- -State Officer Candidate -Occupational page 1**

**Candidates Code of Conduct page 2**

**Advisor Agreement- State Officer Candidate Advisor page 3**

**Parent Agreement- State Officer Candidate page 4**

**Submit Information:**

**Part 1- Resume**

**Part 2- Essay Questions**

**Part 3-Two Letters of reference**

**Part 4-Data information including Use of Photographic Likeness Agreement**

**Part 5- Attach a school transcript.**

Note:

1. Current Officers (in grades 11 or lower) may apply for a year 2. This could result in a team larger than 8 state officers. The process of selection will be different than for new candidates. The possibility will be for 7 new candidates, plus the President and additional repeating state officers to make up the Executive Council. (See also the 2 occupational candidate positions)
2. Candidate for National Officer may be repeating state officers or officers in year 2 of their term. A candidate for national office should indicate that they would be a state officer year 2 office if not elected to national office.
3. Occupational State Officer Candidates may be a candidate in March for 2 occupational positions on the Executive Team. Persons who run in April will be part of the Executive Council from 2017-2018.

In the event of open Occupational positions after April, then additional candidate opportunities will be available in Fall of 2017 to join the team with candidates selected at November Summit. This pilot opportunity for Occupational State Officers has been determined by the Board of Directors.

**APPLICATION -State Officer Candidate -Submit 3 copies of application & forms.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade in school this year: \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **President - Elect information**\_\_\_Yes, I would be eligible & interested in becoming the President-Elect. (Eligible candidates for President Elect must be in grade 10 or younger)\_\_\_No, I would not be eligible for Pres. Elect.\_\_\_No, I am eligible but not interested.  | **Rank these offices according** to your interest. Officer placement will be determined by comparing all candidates strengths and interest Rate your highest as #1 and least interested as # 9.  | **Rank # 1 to 9** \_\_\_President Elect (2 year term)\_\_\_Secretary \_\_\_Treasurer \_\_\_VP of Public Relations \_\_\_Rep to the Board of Directors \_\_\_VP of Service \_\_\_VP of Resource & Develop.\_\_\_ Occupational candidates may also choose in addition to the positions listed)\_\_\_VP of Career Connections \_\_\_VP of Marketing |

**State Officer Contract THIS IS AN AGREEMENT**

|  |
| --- |
| The candidate, if elected, must agree to abide by the following. In addition, the adviser is expected to accompany the officer to Executive Council Meetings and to designated meetings. Officer expenses for meetings and events are paid by FCCLA. Adviser expenses are paid by the local school district. |
| \_\_ 1. Yes | 1. I agree to attend Officer Training and Exec Council Meeting in April  | April 8-9. 2017 |
| \_\_ 2.Yes | 2. Yes, I agree to attend Camp Leadership Training- (Summer training) and the pre-meetings for Exec. Council.  | June 18-22, 2017 |
| \_\_ 3.Yes | 3. Yes, I will attend to the Legislative Shadow Day 2018.  | Jan- March  |
| \_\_ 4.Yes | 5. Yes, I will attend all Executive Council Meetings. There is one in June, Sept, Nov, Jan and the Board functions at the State Conf. in April. I will communicate and negotiate any conflicts or deviations from the schedule with the Exec Director at least 1 month prior to the event. See note above about excused approvals.  | June, Sept, Nov, Jan |
| \_\_ 5.Yes | 6. Yes, I will be present at all of 2018 State Conference. The State Officer Adviser also attends. | April 2018  |
| \_\_ 6.Yes | 7. Yes, I know that I have the option to attend the National FCCLA meeting. The State Association may provide a $200 scholarship intended for the expenses of attending National Conference or Capitol Training at the conclusion of a successful term of office. The remainder of the funds must come from local or personal funds. Adviser is invited to chaperone, however, there is no state funding for adviser's attendance. | Optional: 2017 National Conference |
| \_\_ 7.Yes | 8. Yes, I will promote and demonstrate the positive image of FCCLA |
| \_\_ 8.Yes | 9. Yes, I agree to make FCCLA activities a priority over all other extracurricular school activities. |
| \_\_9.Yes | 10. Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the entire term. |
| \_\_10.Yes | 11. Yes, I agree to abide by all rules of conduct set by the State Association. |
| \_\_11.Yes | 12. Yes, I realize I must always be eligible for the entire term of the office (academically eligible according to school rule standards). |
| \_\_12.Yes | 13. Yes, I agree not to post social network communication sites or post videos that would identify me, identify myself as an officer or FCCLA member that would are not approved by the State FCCLA association. I agree to cooperate with the state staff as a friend on facebook and with social media policies established by MN FCCLA. |

**Non-attendance of agreed upon events and non communication would be reason for removal from office.**

 **Process for removal will follow constitutional procedure (Article III, Section B).**

**Please check:** 1. \_\_\_Yes, I the candidate, agree to the above responsibilities.

 2. \_\_\_Yes, the candidate's school agrees to assist the officer and adviser, if elected, in assuming responsibilities listed above and with financial assistance.

3. \_\_\_Yes, the school will excuse the adviser from school for Exec. Council Meetings.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Adviser | Signature of Chapter President | Signature of Parent/Guardian | Signature of School Administrator |

**Yes, I pledge to abide by all of the above guidelines and carry out the responsibilities assigned to me.**

 Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION Candidates Code of Conduct page 2**

**Minnesota FCCLA Leadership Positions**

As a candidate for a State Officer position, you will be expected to follow the following Code of Conduct upon signing this form.

**This becomes effective at the time you sign the application.**

You will be representing your chapter, your region and the state association and the eyes of many people will be on you. What you do and how you do it should always leave a favorable impression. Your code of conduct should never be questionable. Read the following and sign before you continue with the rest of the candidate forms.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the guidelines and will promise to follow guidelines for myself from the time I sign this form.

I agree:

\_\_\_\_\_ I agree to set a good example for other elected individuals and FCCLA members to follow.

\_\_\_­\_\_­­ I agree to strive to do my best in the role of FCCLA officer.

\_\_\_\_\_ I agree to make effective use of my time.

\_\_\_\_\_ I agree to strive to be positive in my encouragement of others.

\_\_\_\_\_ I agree to not drink alcohol beverages, use chemicals (drugs) or tobacco products.

\_\_\_\_\_ I agree to strive to have honorable and appropriate behavior in personal conduct and in the way I speak or act among my peers and adults.

\_\_\_\_\_ I agree to respect people within my school, local community and the FCCLA organization.

\_\_\_\_\_ I agree to not attend social events which I know will have the option to have alcohol, drugs or inappropriate behavior.

\_\_\_\_­­\_ I agree to seek ways to work as a team with my peers and adults in FCCLA.

\_\_\_\_\_ I agree to remain academically eligible in school.

\_\_\_\_\_I agree not to post social network communication sites or post videos that would identify me, identify myself as an officer or FCCLA member that would are not pre-approved by the State FCCLA association.

\_\_\_\_ I agree to conduct myself as an ambassador of FCCLA and with good character and reputation for leadership and integrity on facebook and other social media sites.

\_\_\_\_ On social media sites, I agree to become a “friend” of state staff on Facebook and allow them access to my postings and follow the social media guidelines established by MN FCCLA.

Signatures needed:

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

Candidate Date Adviser Date

***Keep one adviser copy, one school copy and send original copy to the MN FCCLA State Office enclosed in your candidate application.***

**ADVISER AGREEMENT- STATE OFFICER CANDIDATE ADVISER Page 3**

 Name of Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Candidate name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As adviser to a State Officer, I agree to the following.

See the proposed calendar of dates.

If an officer or adviser is to miss any contract days, they need to seek and receive a written excused letter FROM the State Executive Director at least 2 weeks or more prior to the event to communicate that they are officially “excused” and have met the expectations for the assignments. Note: Approval ( a letter) may or may not be granted for pending absences.

\_\_\_\_1. Yes, I agree to attend the designated dates for Advisers to attend at the Officer Training and Executive Council Meeting in April.

\_\_\_\_2. Yes, I agree to attend the designated dates Exec Council and Leadership Camp training FAILURE TO ATTEND SUMMER TRAINING WITHOUT PRIOR PERMISSION FROM THE EXEC DIRECTOR OR BOARD OF DIRECTORS WOULD BE GROUNDS TO CONSIDER REMOVING AN OFFICER FROM THEIR POSITION.

\_\_\_\_3. Yes, I agree to be at the Shadow Day 2018 or see that the state officer has support for transportation and participation.

\_\_\_\_4. Yes, I will attend all designated adviser attendance days of the Executive Council Meetings. There are meetings in (precamp) June, September, November, and January and the State Conference in April. Adviser or parent / chaperone or an approved sub must transport student.

\_\_\_\_5. Yes, I realize that if an adviser has two state officers due to multiple chapters, an additional adult would accompany the second officer as a support to them and participate in an advisory capacity.

\_\_\_\_6. Yes, I agree to participate as a State Executive Council team in good faith, arriving on time and leaving as designated when the event is completed.

8. Yes, I will support the state officer in their code of conduct and participation: I agree

\_\_\_ to support the state officer to assist them to attend the optional National FCCLA events if they choose. (At national conference, the state officer and adviser will attend all state meetings)

\_\_\_ to support the state officer to promote and demonstrate the positive image of FCCLA.

\_\_\_ to assist the state officer make FCCLA activities a high priority.

\_\_\_ to support the state officer to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

\_\_\_ to support the state officer to abide by all rules of conduct set by the State Association

\_\_\_ to support the state officer to be eligible for the entire term of the office (academically eligible according to school rules).

\_\_\_ to support the state officer to follow the social media guidelines and policies approved by the State FCCLA Association.

\_\_\_ I agree to cooperate with the state staff to allow staff to be a “friend status” on facebook with the state officer.

Signature of Adviser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT AGREEMENT- STATE OFFICER CANDIDATE page 4**

Name of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent/ guardian of a State Officer, I agree to the following.

*See the proposed calendar of dates.*

\_\_\_\_1. Yes, I agree to assist with the transportation for the State Officer to attend at the Officer Training and Executive Council Meeting in April.

\_\_\_\_2. Yes, I agree assist with the transportation to attend the designated dates Exec Council and Leadership Camp training. FAILURE TO ATTEND SUMMER TRAINING WITHOUT PRIOR PERMISSION FROM THE EXEC DIRECTOR OR BOARD OF DIRECTORS WOULD BE GROUNDS TO CONSIDER REMOVING AN OFFICER FROM THEIR POSITION.

\_\_\_\_3. Yes, I agree to assist with the transportation for the State Officer to attend the Shadow Day 2018 or see that the state officer has support for transportation and participation.

\_\_\_\_4. Yes, I will assist with the transportation state officer’s attendance at the Executive Council Meetings. There are meetings in (precamp) June, September, November, and January and the State Conference in April. School transportation policies will apply for the Adviser or parent / chaperone to transport student. The Adviser may be attending designated days and transportation would needed to assist with the officer attending all days.

\_\_\_\_5. Yes, I agree to assist the state officer to participate as a State Executive Council team in good faith, arriving on time and leaving as designated when the event is completed.

8. Yes, I will support the state officer in their code of conduct and participation. I agree:

\_\_\_ to support the state officer to assist them to attend the optional National FCCLA events if they choose. (At National Conference, the state officer and adviser will attend all state meetings)

\_\_\_ to support the state officer to promote and demonstrate the positive image of FCCLA.

\_\_\_ to assist the state officer make FCCLA activities a high priority.

\_\_\_ to support the state officer to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

\_\_\_ to support the state officer to abide by all rules of conduct set by the State FCCLA Association

\_\_\_ to support the state officer to be eligible for the entire term of the office (academically eligible according to school rules)

\_\_\_ to support the state officer to follow the social media guidelines and policies approved by the State FCCLA Association.

\_\_\_ I agree to cooperate with the state staff to allow state staff to be a “friend status” on social media, facebook with the state officer.

Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application- Officer Qualifications**

Complete this section. Provide a written document with both the questions and information of your response. Finished responses should be no longer than three single-sided pages*.*

**Part 1- Resume**

**Part 2- Essay Questions**

**Part 3-Data information including Use of Photographic Likeness Agreement**

**Part 4- Service Project work- Mini grant from Delta Dental Or GYSDAY Project**

**Part 1-Application: Resume-** *Develop a resume of your experiences that has this information. (One page limit-Size 10 font)*

*First name only is a direction for this section so that the committee is not influenced by family name or chapter name of the candidate.*

**Information for the resume**

1. **First Name only**
2. Years that you have been a member of FCCLA?
3. Grade Average in School (GPA or explain grading system)
4. List the number of times you have attended (or participated in) each of the following and your involvement in:
	* Fall Area Meeting
	* Mid-winter Area Meeting
	* State Meetings
	* National Meetings
	* Cluster Meetings
	* FCCLA Camp and Leadership Training
	* Shadow Day
	* Capitol Leadership
	* Regional, State and National level STAR Events
	* MN FCCLA Skill Events
	* Other Experiences (list)
5. List the FCCLA offices you have held and committees you have served on:

Chapter, Region, State or National

1. List outstanding contributions you have made in your local chapter.
2. List outstanding contributions you have made to your community.
3. List outstanding contributions you have made in your school, school organizations that you have been a part of.
4. Work experiences.

**Part 2-Application: Essay Questions** *Limit: one ½ page per question.*

**Essay**:

1. What attitudes, qualifications, skills or knowledge of FCCLA makes you feel that you are qualified to be a Minnesota FCCLA State Officer? *Limit: one ½ page for this question.*
2. How has your involvement in FCCLA impacted your life? *Limit: one ½ page for this question*
3. Chapters have the opportunity to be involved in the national programs of FCCLA. These are programs such as STAR Events, Career Connections, Dynamic Leadership, Families Acting for Community Traffic Safety, Financial Fitness, Families First, Japanese Exchange Program YFU, Student Body, Power of One, Community Service, STOP the Violence and Service Learning. Describe how you have been involved in any of these national FCCLA programs. *Limit: one ½ page for this question.*

 **Answer at least 4 or more of these Essay Questions. You may choose to answer more than 4 questions.**

1. Describe or list your experiences with conducting meeting, participating in processes where parliamentary procedure was used. *Limit: one ½ page for this question.*
2. Describe or list your experiences with doing public relations work. *Limit: one ½ page for this question.*
3. Describe or list your experiences with financial management or as a treasurer of an organization. *Limit: one ½ page for this question.*
4. Describe or list your experiences with a being a member of a governing board or a council or a board of directors.

*Limit: one ½ page for this question.*

1. Describe or list your experiences with community service, service-learning, Global Youth Service Day, Semester of Service activities, or other service opportunities. *Limit: one ½ page for this question.*
2. Describe or list your experiences you have with being a secretary or a recording secretary of an organization or group, or have done communications work or taken notes at meetings. *Limit: one ½ page for this question.*
3. Describe or list your experiences you have done with fund raising, developing a fund development plan, raising funds or contacting potential sponsors, seeking partnerships and donations. *Limit: one ½ page for this question.*
4. Describe or list your experiences with STAR Events. *Limit: one ½ page for this question.*

**Part 3-Application: Two Letters of Reference:** *Limit: one page per reference.*

Ask two people who know your leadership strengths to a letter recommending you and list your strengths. Include these in your application along with the signatures of the writers and their position or relationship to you. (These pages do not count in your page limits of Part 1, 2, 3)

 The letters should be on letterhead or on plain paper and signed by the person submitting the reference. The recommendation should address your strengths, attitude, skills, experiences or knowledge that would help you as a State Officer.

The letters do not need to be in sealed envelopes unless the person giving the reference prefers to do that.

**Submit three copies with your 3 copies of your application.**

**Part 4 Application - USE OF PHOTOGRAPHIC LIKENESS RELEASE**



Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For good and valuable consideration, I authorize MN FCCLA and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that MN FCCLA deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings. I release MN FCCLA, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I hereby release MN FCCLA, its staff, officers, members, partners, sponsors/funders, successors and assigns from and against any and all claims and causes of action whatsoever that I may hereafter have against MN FCCLA in connection with the above mentioned interview, written word, and/or photograph(s)/video and the organization’s social media or website.

**Name**:(Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FCCLA Chapter**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member- Signature if over 18 years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT RELEASE** (Member is under 18 years of age)

**Parent/ Guardian:** Relation to subject (if subject is under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, state, zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4 Data-Candidate Information-Submit three copies of the complete application**

|  |  |
| --- | --- |
| 1. Candidate Full Name
 |  |
| 1. Street Address
 |  |
| 1. Town, State, Zip code
 |  |
| 1. Home Phone
 |  |
| 1. Candidate E-mail address
 |  |
| 1. Candidate Cell phone
 |  |
| 1. Upcoming grade
 |  |
| 1. Candidate’s Parent/guardian
 |  |
| 1. Parent Address (if different)
 |  |
| 1. Parent e mail address
 |  |
| 1. School Name
 |  |
| 1. Street Address of School
 |  |
| 1. School Town, State, Zip code
 |  |
| 1. School Phone
 | *( )*  |
| 1. School Fax
 | *( )* |
| 1. Street Address of School
 |  |
| 1. School Town, State, Zip code
 |  |
| 1. School Phone
 |  |
| 1. School Fax
 |  |
| 1. Advisor Name
 |  |
| 1. Advisor Street Address
 |  |
| 1. Advisor Town, State, Zip code
 |  |
| 1. Advisor Home phone
 |  |
| 1. Advisor cell phone
 |  |
| 1. Advisor school phone
 |  |
| 1. Advisor school email
 |  |
| 1. Advisor home e-mail
 |  |
| 1. Principal's Name
 |  |
| 1. Superintendent's Name
 |  |
| 1. FCCLA Region #\_\_\_\_\_
 | 1. Jacket size:\_\_\_\_\_\_\_\_\_\_See chart below.
2. Measure with a tape measurement for these body measurements.

Chest measurement \_\_\_\_\_\_ Waist measurement:\_\_\_\_\_\_ |
| **Female Candidates:** **RED BLAZER – LADIES**  Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 |

**Male candidates-Choose one of the following men’s sizes:** **RED BLAZER – MENS –REGULAR** Circle the size you would need should you become a JHC Officer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 60 |

**RED BLAZER – MENS -LONG** Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 60 |

**RED BLAZER – MENS –XLONG**  Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 | 42 | 44 | 46 | 48 | 50 | 52 | 54 | 56 |

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**Part 5- Application Attach your school transcript- Please attach a current school transcript.- Submit three copies with your 3 copies of your application.**

**Delta Dental Grant and/or GYSDAY Projects**

**Option 1-A copy of the Delta Dental grant or a similar grant application**

**Option 2-** **Plan and Do a Global Youth Service Day (GYSDAY) Kick Off, Project and Celebration event for GYSDAY and submit your planning process for this community and school GYSDAY Event**

**Summary of the Procedure for determining a State FCCLA Executive Council**

***See the MN FCCLA election handbook for additional information.***

1. All chapters may nominate one candidate for State Office except for the chapter of the current President-Elect.

*Note: The Board of Directors determined that a pilot trial of encouraging state officers to select to be a second year officer in a separate process from current year candidates.*

*A chapter with a state officer applying for year 2 may also submit a new candidate for year 1. The process will be different for returning state officers to be selected. Additional offices may be added so that there are 7 new officers selected and returning officers selected making the team larger than 8 if appropriate.*

Candidates must submit a written application by **February 10.**

A second year officer may also concurrently apply to be a national candidate**.**

1. Service Project and mini grant application

Two Options- Do a GYSDAY Plan, Service Project and Celebration or a Delta Dental Mini grant application.

**Option 1**-All candidates must apply for a Delta Dental mini grant. Deadline is in January. Serve a Smile National Youth Service Day mini-grant by **the deadline**. Submit a copy of your mini grant. This may be submitted at the deadline.

**Option 2-** Plan a Kick Off, Project and Celebration of GYSDAY in your school or community. Submit the plans as part of your candidate process. Conduct the event (s) on GYSDAY weekend. Timeframe: Martin Luther King Day to Global Youth Service Day, April 14-16, 2016. Submit your plans.

1. Candidates will receive confirmation, state meeting responsibilities, assignments and information on sessions, clothing and other details in a letter in early April.
2. New Candidates will be interviewed by the election committee at a set time at the State Conference. Exact interview times will be confirmed in the early April letter.
3. New Candidates will take a written test on FCCLA facts and information.
4. New Candidates will present a speech to the State Conference delegation and voting delegates prior to the announcement of finalists. Speech topics will be provided in the April letter.
5. If there are adequate applications to merit this, finalists will be chosen by the election committee based on the written applications, test scores and interview evaluation. Copies of the election committee evaluation forms, along with all other state meeting responsibilities, will be sent in the confirmation letter in early April.
6. Finalists will appear before the voting delegate assembly to present a speech and answer questions. Information on this portion of the process will be received after finalists are announced. Voting Delegates will then vote to choose the seven officers.
7. According to a weighted process, candidates will be chosen as State Officers who will join the Current State President Elect as part of the new state officers.
8. A potential President Elect candidate (who is a sophomore or younger in high school) may identify their interest and willingness to serve in this two year position (As State President-Elect and as State President)
9. Candidates will complete the application which will include a section to identify their strengths for various positions.
10. Offices of the new state officers (except for the President Elect position) will be placed in office according to their preferences and strengths they identify on their applications and experiences. The 10th grader or younger candidate receiving the highest ranking will be given President-Elect, if that is his/her choice.

**State FCCLA Officer Roles & Responsibilities**

State Officers are required to perform on a very rigorous and continuous basis during their year as a State Officer. A high priority for the year must be FCCLA. Therefore, it is necessary that those who aspire to become officers are highly qualified, able and willing to fulfill all State Officer responsibilities. Please read and study the major qualifications and prerequisites very closely.

If elected State FCCLA Officer, I will:

1. Be dedicated to the total program of FCCLA.
2. Be willing to commit time to State Officer activities.
3. Be willing and able to travel as directed by the State Association or State Executive Director.
4. Become thoroughly knowledgeable of family and consumer sciences and FCCLA.
5. Work untiringly through preparation and as a proactive leader to develop effective public speaking skills and to project a desirable image of FCCLA.
6. Regularly write letters, thank you notes, reports and other correspondence.
7. Evaluate personality and attitudes, making every effort to improve.
8. Serve as a member of the team, always maintaining a cooperative attitude.
9. Be willing to take and follow instructions as directed
10. Follow the Code of Ethics:
	1. To forgo all alcohol, drugs and tobacco while in office.
	2. To treat all FCCLA members equally by not favoring one over another.
	3. To behave in a manner that conveys and commands respect without superiority.
	4. To maintain dignity while being personable, concerned and interested in others.
	5. To avoid places or activities that in any way would raise questions as to my moral character or conduct.
	6. To use wholesome language in all speeches and informal occasions.
	7. To maintain proper dress and good grooming for all occasions.
	8. To avoid participation in and actively discourage any conversations which belittle or downgrade others.
	9. Work within the social media policies of MN FCCLA. Allow the state staff to be a “friend status” on your facebook.