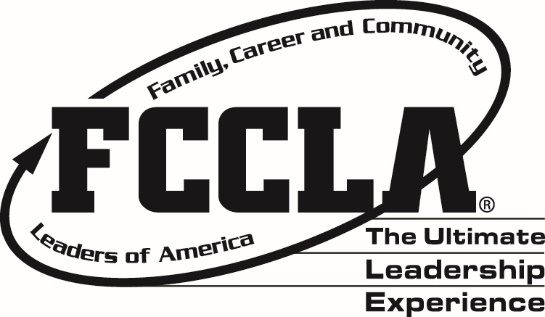
**2017-2018 MINNESOTA PEER ED CANDIDATE**

****

The Peer Educators will work with their Area Leadership Team to be an advocate so that chapters in their Area utilize the national FCCLA programs. Each year, one national program will be chosen to be highlighted for the Peer Educators to learn more about. The Peer Educators will use that National Program at their own school and also in their Area by working through the Fall Area Conference and Midwinter Conference as well as with social media and technology.

The Peer Educators will function with their Area Officers and also have a separate training which may occur at a one day training, date- TBD by the Board of Directors and a mutually determined date.

The National Program areas are:

* STOP the Violence
* Student Body
* Financial Fitness
* Career Connections
* Power of One
* FACTS Families Acting for Community Traffic Safety
* Families First
* Leadership Service in Action

**Application Deadline February 10, 2017**

**MN FCCLA APPLICATION –Peer Ed Candidate – Submit 3 copies.**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grade in school this year: \_\_\_\_\_Candidate #:\_\_\_\_\_(assigned after application is send in.)

Application deadline February 10, 2017

**Peer Education Candidate Contract THIS IS A CONTRACT**

|  |  |  |
| --- | --- | --- |
| The candidate, if elected, must agree to abide by the following. | | |
|  | | |
| \_\_ 1.Yes | 1. Yes, I agree to attend Leadership Camp- June 2017 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. | June 20,21,22 |
| \_\_ 2.Yes | 2. Yes, I agree to a one day training for Peer Ed based on learning about the national FCCLA program areas. Date to be determined. *Note: the Board of Directors will determine a date TBD.* | TBD |
| \_\_ 3.Yes | 3. Yes, I agree to be at the Shadow Day 2018. | Jan- March |
| \_\_ 4.Yes | 4. Yes, I will be present at all of 2018 State Conference. The Officer Advisor also attends. | April 2018 |
| \_\_ 5.Yes | 5. Yes, I will promote and demonstrate the positive image of FCCLA | |
| \_\_ 6.Yes | 6. Yes, I agree to make FCCLA activities a high priority of their school activities. | |
| \_\_7.Yes | 7. Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the entire term. | |
| \_\_8.Yes | 8. Yes, I agree to abide by all rules of conduct set by the State Association. | |
| \_\_9.Yes | 9. Yes, I realize I must always be eligible for the entire term of the office (academically eligible according to school rule standards). | |
| \_\_10.Yes | 10. 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. | |

**Violation of any of the above constitutes reason for removal from office. Process for removal**

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

*If candidate will not agree to the above, do not submit application*.

**Please check:**

1. Yes, \_\_\_ Does the candidate agree to the above responsibilities?

2. Yes, \_\_\_ Does the candidate's school agree to assist the officer and advisor, if elected, in assuming responsibilities listed above and with financial assistance?

3. Yes \_\_\_Will the school excuse the advisor from school for leadership training?

**SIGNATURES**

Signature of Advisor Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chapter President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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- Submit 3 copies**

**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:

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

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

\_\_\_\_\_ To make effective use of my time.

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

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

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

\_\_\_\_\_ To respect people within my school, local community and the FCCLA organization.

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

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

\_\_\_\_ 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.

\_\_\_\_ 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 Parent/Guardian Date

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

Advisor Date School Administrator Date

***Please send three (3) Hard copies of the application.***

**Application**

**ADVISOR AGREEMENT- Peer Education Candidate Advisor –Submit 3 copies.**

Name of Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As advisor to a Region Officer, I agree to the following.

\_\_\_\_1. Yes, I agree to assure that the candidate will attend Leadership Training in June. Advisor will be expected to attend.

\_\_\_\_2. Yes, I agree to a one day training for Peer Ed based on learning about the national FCCLA program areas. Date to be determined.

\_\_\_\_3. I will assist the officer to assure that transportation is available, either parents or school provided transportation to the leadership training events.

\_\_\_\_4. Yes, I agree to be at the Shadow Day 2018 or see that the officer has support for transportation and participation.

\_\_\_\_5. Yes, I agree to participate at Leadership training in June in good faith, arriving on time and leaving when the event is completed.

FAILURE TO ATTEND TRAININGS WITHOUT PRIOR PERMISSION FROM THE EXEC DIRECTOR OR BOARD OF DIRECTORS WOULD BE GROUNDS TO CONSIDER REMOVING AN OFFICER FROM THEIR POSITION.

6. Yes, I will support the Peer Ed Officer in their code of conduct and participation:

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

\_\_\_ To support the Peer Ed Candidate to promote and demonstrate the positive image of FCCLA.

\_\_\_ To support the Peer Ed Candidate to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

\_\_\_ To support the Peer Ed Candidate to abide by all rules of conduct set by the State Association

\_\_\_ To support the Peer Ed Candidate to be eligible for the entire term of the office (academically eligible according to school rules)

\_\_\_ To support the Peer Ed Candidate 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 Peer Ed Candidate.

Signature of Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peer Ed Roles & Responsibilities**

Please read and study the major roles and responsibilities very closely. When you are convinced that if elected, you will be fully able to carry out the roles and responsibilities, complete the application.

If elected to a Peer Ed, I will:

1. Be dedicated to the FCCLA program
2. Be willing to commit time to being on the team
3. Be willing and able to travel
4. Become thoroughly knowledgeable of FCCLA
5. Work to develop myself into an effective public speaker and project a desirable image of FCCLA at all times.
6. Follow the Code of Ethics:
   1. To forgo all alcohol, drugs and tobacco while a member of the team.
   2. To behave in a manner which conveys and commands respect without any air of superiority.
   3. To maintain dignity while being personable, concerned and interested in others.
   4. To avoid places or activities which in anyway would raise questions as to my moral character or conduct.
   5. To prioritize my responsibilities and commitments.
   6. To use wholesome language in all speeches and informal occasions.
   7. To maintain proper dress and good grooming in all occasions.
   8. To avoid participation in and actively discourage any conversations which belittle or downgrade fellow FCCLA members, officers and adults.
7. Serve as a member of the team maintaining a cooperative attitude.
8. Attend all events as outlined in the above schedule responsibilities section.
9. Remain academically eligible and maintain school eligibility for the entire term of leadership as a Peer Ed officer.
10. Adhere to the social media policies of MN FCCLA. Allow a facebook friend status to state staff.

**Team Member Qualifications**

**Submit three copies of your application.**

Complete this section. Type both the question or request for information and your response. Finished responses should be no longer than three single-sided pages.

Personal information:

1. First name only:
2. How many years have you belonged to FCCLA?

Experience/Activities:

1. Lit the number of times you have attended (or participated in) each of the following:
   1. Fall Area Meeting
   2. Mid-Winter Area Meeting
   3. State Conference
   4. National Conference
   5. National Cluster Meeting
   6. FCCLA Leadership Training (s)
   7. Shadow Day (Capitol Day)
   8. Midwinter STAR Events
   9. State STAR Events
   10. National STAR Events
2. List the FCCLA offices you have held and committees you have served on:
   1. Chapter
   2. Area Leadership Team
   3. State
   4. National
3. List outstanding contributions you have made in your local chapter
4. List outstanding contributions you have made in your community
5. List outstanding contributions you have made in your school

Essay Questions:

1. **Why do you want to be a Peer Ed Officer?** (50-100 words)
2. **What makes you a qualified officer for Peer Ed?** (50-100 words)
3. **How will this experience benefit you and your chapter?** (50-100 words)
4. **Please ask two people to write a paragraph description (3-4 sentences) of your strengths.** Include these in your application on a separate page along with the signatures of the writers and their relationship with you. (These extra pages do not count towards your total of three pages)

**Application -Candidate Data Information- Please submit 3 copies of your complete application.**

*Complete this section using a word document Check the data for accuracy.*

1. **Candidate** Full name
2. Candidate Street address
3. Candidate Town, state, zip code
4. Candidate Home phone
5. Candidate E-mail address
6. Candidate Cell phone
7. Candidate Upcoming grade in school
8. **Parent/guardian** name
9. Parent Address (if different)
10. Parent’s e mail
11. **School** name
12. School: Street address of school
13. School: town, state, zip code
14. School phone
15. School fax
16. **Advisor’s** name
17. Advisor street address
18. Advisor town, state, zip code
19. Advisor home phone
20. Advisor cell phone
21. Advisor school phone
22. Advisor e-mail
23. Advisor home e mail
24. Principal's name
25. Superintendent's name
26. FCCLA Area\_\_\_\_\_\_
27. \_\_\_\_\_\_\_\_\_\_\_jacket size

**Red Organizational jackets are provided to the state officers to use for the year on a loan basis.**

**You will own and provide the pants, skirt, shirts or blouses that accompany the official uniform.**

**Female Candidates: RED BLAZER – LADIES**  Circle the size you would need should you become a State 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 State Officer

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 |

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

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

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

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



**Part VI -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.

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