**AREA, JHC, PEER ED OFFICER CANDIDATE-ADVISOR AGREEMENT**

Name of Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this form with the online Officer Application.

As advisor to an Area Officer, JHC, Peer Ed Officer, I agree to the following.

\_\_\_\_1. Yes, I agree to assure that the candidate will attend Officer Training in June

Advisor will be expected to attend on June 19-21, 2018

\_\_\_\_2. I will assist the officer to assure that transportation is available, either parents or school provided transportation to the leadership training events.

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

\_\_\_\_4. Yes, I agree to participate at Leadership training in July 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.

\_\_\_\_5. Yes, I will support the officer in their code of conduct and participation:

 To support the officer to assist them to attend the optional National FCCLA events if they choose. (and if attending at National Conference, the officer and advisor will attend all state Conferences)

\_\_\_\_6. To support the officer to promote and demonstrate the positive image of FCCLA.

\_\_\_\_7. To support the officer to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

\_\_\_\_8. To support the officer to abide by all rules of conduct set by the State Association

\_\_\_\_9. To support the officer to be eligible for the entire term of the office (academically eligible according to school rules)

\_\_\_\_10. To support the officer to follow the social media guidelines and policies approved by the State FCCLA Association.

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