**State Officer (New, Returning, Occupational) Candidate Permission Form**

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

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| 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 28-29, 2018   Officers will develop teamwork and establish a new state theme during this meeting. | April 28-29, 2018 |
| \_\_2. Yes | 1. I agree to attend Exec Council meetings June 16-17, 2018 prior to Leadership camp. | June 16-17 |
| \_\_ 3.Yes | 3. Yes, I agree to attend Camp Leadership Training- June 18-20, 2018 | June 18-20 |
| \_\_ 4.Yes | 4. Yes, I will attend to the Legislative Shadow Day 2019. | Jan- March |
| \_\_ 5..Yes | 5. Yes, I will attend all Executive Council Meetings. There is one in 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. | June, Sept, Nov, Jan |
| \_\_ 6..Yes | 6. Yes, I will be present at all of 2019 State Conference. The State Officer Adviser also attends. | April 2019 |
| \_\_ 7.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:  2018 National Conference |
| \_\_ 8.Yes | 8. Yes, I will promote and demonstrate the positive image of FCCLA | |
| \_\_ 9.Yes | 9. Yes, I agree to make FCCLA activities a priority over other extracurricular school activities. | |
| \_\_ 10.Yes | 10. Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the entire term. | |
| \_\_11.Yes | 11. Yes, I agree to abide by all rules of conduct set by the State Association. | |
| \_\_12.Yes | 12. Yes, I realize I must always be eligible for the entire term of the office (academically eligible according to school rule standards). | |
| \_\_13.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.

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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_