**CANDIDATE PERMISSION FORM**

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

**Area Officer, JHC, Peer Education Team Officer Contract THIS IS A CONTRACT**

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| --- | --- | --- |
| The candidate, if elected, must agree to abide by the following. In addition, the local advisor is expected to accompany the officer to FCCLA Conferences and to leadership trainings. | | |
| \_\_ 1.Yes | 1. Yes, I agree to attend June Training (Summer 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. | June 18-21 |
| \_\_ 2.Yes | 3. Yes, I agree to attend planning sessions of the Area Officers. | June to March |
| \_\_3. Yes | 4.Yes, I will attend Shadow Day 2019 at the State Capitol | Feb or March 2019 |
| \_\_ 4.Yes | 5. Yes, I will be present at all of 2018 and 2019 State Conferences. | April |
| \_\_ 5.Yes | 6. Yes, I know that I have the option to attend the National FCCLA Conference in Atlanta. The first priority is for Area officers to attend leadership training. Funds must come from local or personal funds. Advisor is invited to chaperone, however, there is no funding for advisor's attendance. | Optional:  2018 National Conference |
| \_\_6.Yes | 7. Yes, I will promote and demonstrate the positive image of FCCLA in my Area and in the state. | |
| \_\_7.Yes | 8. Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the entire term. | |
| \_\_8.Yes | 9. Yes, I agree to abide by all rules of conduct set by the State Association. | |
| \_\_9.Yes | 10. Yes, I realize I must always be eligible for the entire term of the office (academically eligible according to school rule standards). | |
| \_\_10.Yes | 11. 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 twitter, 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?

DO NOT SUBMIT APPLICATION IF CANDIDATE CANNOT ATTEND JULY LEADERSHIP TRAINING SESSIONS.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Upload a copy of the page with signatures as a PDF, DOC, PNG, JPEG or GIF type file into the Candidate application Survey. Or Option 2- Mail a copy of this form to MN FCCLA, PO 131386, Roseville, MN upon completing the electronic application.*