**MN FCCLA PARENT AGREEMENT FORM-STATE OFFICER CANDIDATE**

**(New, Returning, Occupational)**

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 Meetings.

\_\_\_\_2. Yes, I agree assist with the transportation to attend the designated dates for 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 2020 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. 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.

6. 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 and leadership trainings)

\_\_\_ 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.

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