**State Officer Candidate Code of Conduct and Agreement Form**

(FCCLA-New, Returning, Occupational) Candidate Permission form

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

The candidate, if elected must agree to abide by the following. In additional, 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 MN FCCLA. Adviser expenses are paid by the local school district.

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| \_\_\_1. Yes | 1. I agree to attend Officer Training and Exec Council meeting in May. (May 5-6, 2019) Officers will develop teamwork and the new state theme during this time. | April 6-7, 2019 |
| \_\_\_2 Yes | 2. I agree to Attend Exec Council meeting on June 15-17, 2019 prior to Leadership Camp. | June 15-17 |
| \_\_\_3. Yes | 3. I agree to attend Leadership Training on June 17-19, 2019. | June 17-19 |
| \_\_\_4. Yes | 4. Yes, I agree to attend Legislative Shadow Day 2020. | Jan-March 2020 |
| \_\_\_5. Yes | 5. Yes, I agree to attend all Executive Council meetings. There is one in September, November, January and prior to state conference. I will communicate and negotiate any conflicts or deviations from the schedule with the Executive Director at least 1 month prior to the event. | June, Sept, Nov and Jan. |
| \_\_\_6. Yes | Yes, I agree to be present at all of the 2020 State Conference. The State Officer advisers attends also. | State Conference |
| \_\_\_7. Yes | Yes, I know I have the option to attend National FCCLA conferences. | Optional National events |
| \_\_\_8. Yes | Yes, The state association may provide a $200 scholarship intended to support the year at the end of a successfully completed year or this might be used for attending Capitol Leadership. *Subject to Board annual approval for this expense.* | Optional National events |
| \_\_\_9. Yes | Yes, I will promote and demonstrate the positive image of FCCLA. | |
| \_\_\_10.Yes | Yes, I will refrain from the use or possession of alcohol, drugs, controlled substances or tobacco including vaping for the entire term. | |
| \_\_\_11.Yes | Yes, I agree to abide by all rules of conduct set by the state association. | |
| \_\_\_12. | Yes, I realize that I must always be eligible for the entire term of office (academically eligible according to school rules). | |
| \_\_\_13. | Yes, I agree not to post on social media, communication sites or post videos that would identify me, identify myself as an officer of FCCLA in messages, audio or video that would not be consistent with the values and mission of the state FCCLA association. | |

**Non attendance of the agreed upon events and non-communication would be reason for removal from office. Process for removal will follow Board of Directors policies or by laws.**

**Please check: Candidate**

\_\_\_\_Yes, I the candidate agree to the above responsibilities. I agree to abide by all of the above guidelines and carry out the responsibilities assigned to me.

Signature of candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please check: Adviser, Chapter President, Parent/ guardian, School Official** | | | |
| Signature of adviser | Signature of chapter President | Signature of parent/ guardian | Signature of School administrator |