**ADVISER AGREEMENT- Adviser to Area Officer Candidate Agreement**

 Name of Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As adviser to an Area Officer, I agree to the following.

\_\_\_\_1. Yes, I agree to attend Area Officer trainings and meetings planned for the 2021-2022 year.

\_\_\_\_2. Yes, I agree to attend the designated dates for Advisers to attend at the Officer Training in Spring 2021. (Probably be a virtual event) and throughout the year.

\_\_\_\_3. Yes, I agree to attend the designated dates for Leadership Camp training (first week of August).

\_\_\_\_4. Yes, I agree to attend the MN FCCLA Area or State Fall Events planned for 2021.

\_\_\_\_5. Yes, I agree to be at the Shadow Day 2022 or see that the officer has support for transportation and participation.

\_\_\_\_6. Yes, I realize that if an adviser has more than one area officer due to multiple chapters, an additional adult would be asked to accompany as a support to them and participate in an advisory capacity.

\_\_\_\_7. Yes, I agree to participate with Area Officer team in good faith, arriving on time and leaving as designated when the event is completed.

\_\_\_\_8. Yes, I will support the officer in their code of conduct and participation.

 I agree: (please check)

\_\_\_ to support the officer to assist them to attend the optional National FCCLA events if they choose.

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

\_\_\_ to assist the officer make FCCLA activities a high priority.

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

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

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

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

Signature of Adviser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_