**ADVISER AGREEMENT- STATE OFFICER CANDIDATE ADVISER**

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

As adviser to a State Officer, I agree to the following.

\_\_\_\_1. Yes, I agree to attend Executive Council meetings planned for the 2021-2022 year.

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

\_\_\_\_3. Yes, I agree to attend the designated dates 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.

\_\_\_\_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 state officer has support for transportation and participation.

\_\_\_\_6. Dates and Virtual or In Person methods -to be determined: Yes, I will attend all designated adviser attendance days of the Executive Council Meetings. There are meetings in (precamp) August, September, November, and January and the State Conference.

\_\_\_\_7. Yes, I realize that if an adviser has more than one state officer due to multiple chapters, an additional adult would be asked to accompany as a support to them and participate in an advisory capacity.

\_\_\_\_8. Yes, I agree to participate as a State Executive Council team in good faith, arriving on time and leaving as designated when the event is completed.

\_\_\_\_9. Yes, I will support the state officer in their code of conduct and participation.

 I agree: (please check)

\_\_\_ 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)

\_\_\_ 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 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 Adviser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_