**2023-24 ADVISER AGREEMENT FORM - STATE OFFICER CANDIDATE ADVISER**

Adviser Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Candidate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the Chapter Adviser to a State Officer Candidate, I agree to the following should my student be elected to a state office:

\_\_\_\_1. Yes, I agree to attend Executive Council meetings and training planned for the 2023-2024 year.

\_\_\_\_2. Yes, I agree 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 attend the MN FCCLA Area or State Fall Events planned for 2023.

\_\_\_\_4. Yes, I will attend all designated adviser attendance days of the Executive Council Meetings. Meetings will be held (TBD) in June, August, September, November, and January and the State Conference.

\_\_\_\_ 5. Yes, I agree to be present with my State Officer for the entire duration, pre and during, of the 2023 and 2024 State Conference.

\_\_\_\_6. Yes, I realize that if an Adviser has more than one State Officer due to multiple chapters, an additional adult would be needed to accompany the State Officer as a support to them and participate in an advisory capacity.

\_\_\_\_7. Yes, I agree to participate in an advisory/supportive role to the State Executive Council team in good faith, arriving on time and leaving as designated when the event is completed.

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

I also agree: (please check)

\_\_\_ to assist the State Officer in attending optional National FCCLA events if they choose. (During National Conference, the State Officer and Adviser attendance at MN held state meetings is mandatory.)

\_\_\_ to support the State Officer in promoting/demonstrating the positive image of FCCLA.

\_\_\_ to assist the State Officer in making FCCLA activities a high priority throughout their term of office.

\_\_\_ to support the State Officer in refraining from the use or possession of alcohol, drugs, or tobacco during the entire term.

\_\_\_ to support the State Officer in abiding by all rules of conduct set by MN FCCLA.

\_\_\_ to support the State Officer in maintaining eligibility for their entire term of the office (academic eligible according to school rules).

\_\_\_ to support the State Officer in following the social media guidelines and policies approved by the State FCCLA Association.

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