**2023 APPLICATION-Candidates Code of Conduct-MN FCCLA Leadership Positions**

As a candidate for a leadership position, you will be expected to follow the following Code of Conduct upon signing this form. S*ubmit online with candidate application or as an email with Re: Candidate application for (Name) and (chapter)*

You will be representing your chapter, your Area and the state association and the eyes of many people will be on you. What you do and how you do it should always leave a favorable impression. Your code of conduct should never be questionable. Read the following and sign before you continue with the rest of the candidate forms.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to the guidelines and will promise to follow guidelines for myself from the time I sign this form.

Check each response.

\_\_\_\_\_ I will set a good example for other elected individuals and FCCLA members to follow.

\_\_\_\_\_ I will strive to do my best in the role of FCCLA officer.

\_\_\_\_\_ I will make effective use of my time.

\_\_\_\_\_ I will strive to be positive in my encouragement of others.

\_\_\_\_\_ I will strive to have honorable and appropriate behavior in personal conduct and in the way I speak or act among my peers and adults.

\_\_\_\_\_ I will respect people within my school, local community and the FCCLA organization.

\_\_\_\_\_ I will refrain from the use or possession of alcohol, drugs, other controlled substances and/or tobacco including vaping, for the entire term of my office.

\_\_\_\_ I will seek ways to work as a team with my peers and adults in FCCLA.

\_\_\_\_ I will remain academically eligible in school.

\_\_\_\_\_ I will not to post on social media or any other methods of communication or communication sites, any messages that could be considered inappropriate and inconsistent with the values and mission of the state FCCLA association

\_\_\_\_ I will promote and demonstrate the positive image of FCCLA.

Signatures needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Candidate Date Parent/Guardian Date

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Adviser Date School Administrator Date