**ADVISER AGREEMENT- Adviser to Peer Educator Candidate Agreement**

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

As adviser to an Peer Educator, I agree to the following.

\_\_\_\_1. Yes, I agree to attend leadership trainings and meetings planned for the 2023-2024 year.

\_\_\_\_3. Yes, I agree to attend the designated dates for Leadership Camp training.

\_\_\_\_4. Yes, I agree to attend the MN FCCLA Area or State Fall Events planned for 2023.

\_\_\_\_6. Yes, I agree to participate with FCCLA leadership team in good faith, arriving on time and leaving as designated when the event is completed.

\_\_\_\_7. Yes, I will support the Peer Educator 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 Peer Educator to promote and demonstrate the positive image of FCCLA.

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

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

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

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

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

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