**2024-25 Area Officer Candidate Adviser Agreement**

Name of Adviser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

As adviser to an Area Officer, I agree to the following commitments:

[ ]  Yes, I agree to attend Leadership Camp

[ ]  Yes, I agree to attend my Area’s Fall Rally

[ ]  Yes, I agree to attend my Area’s Midwinter Meeting

[ ]  Yes, I agree to attend both the 2024 and 2025 State Conferences

 I also agree to the following responsibilities: (please check)

[ ]  to support the Area Officer to promote and demonstrate the positive image of FCCLA

[ ]  to assist the Area Officer in making FCCLA activities a high priority

[ ]  to support the Area Officer to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

[ ]  to support the Area Officer to abide by all rules of conduct set by the State Association

[ ]  to support the Area Officer to be eligible for the entire term of the office (academically eligible according to school rules)

[ ]  to support the Area Officer to follow the social media guidelines and policies approved by the State FCCLA Association

[ ]  to support the Area Officer in fulfilling their commitments and responsibilities

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