**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_