**2024-25 Peer Educator Candidate Adviser Agreement**

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

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

As adviser to a Peer Educator, I agree to the following commitments:

[ ]  Yes, I agree to supporting my Peer Educator in leading at least two sessions to different chapters throughout the year

[ ]  Yes, I agree to attend Leadership Camp

[ ]  Yes, I agree to attend the Fall Leadership Summit

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

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

[ ]  to support the Peer Educator to promote and demonstrate the positive image of FCCLA

[ ]  to assist the Peer Educator in making 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

[ ]  to support the Peer Educator in fulfilling their commitments and responsibilities

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