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