**2024- 25 State Officer Candidate Code of Conduct and Agreement Form**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The candidate, if elected, must agree to abide by the following items as listed. The Chapter Adviser is expected to accompany the Officer to Executive Council Meetings and other required events. Officer expenses for meetings and events are paid by MN FCCLA. Adviser expenses are paid by the local school district.

***Commitments***

Yes, I agree to attend monthly virtual meetings throughout the year and attend in-person fall and winter Executive Council meetings. I will communicate and negotiate any conflicts or deviations from the schedule with the Executive Director at least 2 weeks prior to the meeting.

Yes, I agreeto attend Mentor Group meetings virtually (3 times), in-person (at Statewide events), and provide members of my group with consistent communication and support.

Yes, I agree to attend State Officer Training prior to Leadership Camp, **TBD in May/June**

Yes, I agree to attend Leadership Camp, **TBD in June**

Yes, I agree to attend Fall Leadership Summit, **TBD in November**

Yes, I agree to attend Legislative Capitol Day, **TBD January/February**

Yes, I agree to be present at the 2024 and 2025 State Conferences for the entire conference, pre and during conference. The State Officer Adviser agrees to also be present at the conferences. **April 7-9, 2024/ April 2025**

Yes, I know I have the option to attend and represent Minnesota at the National FCCLA Conference and other National FCCLA events.

Yes, I will attend MN FCCLA Area level events, the Fall Rally and Midwinter meeting, **September/October, January**

*Non-attendance at one or more of the agreed upon events and non-communication with the Executive Director are considered reasons for removal from office. The process for removal will follow policies and/or bylaws.*

***Responsibilities***

Yes, I will promote and demonstrate the positive image of FCCLA.

Yes, I will refrain from the use or possession of alcohol, drugs, other controlled substances and/or tobacco including vaping, for the entire term of my office.

Yes, I agree to abide by all rules of conduct set forth by the state association.

Yes, I realize that I must always maintain eligibility for the entire term of my office (academic eligible according to school rules) and be in good standing at my local FCCLA chapter.

Yes, I agree not to post on social media or any other methods of communication or communication sites, any messages that could be considered inappropriate and inconsistent with the values and mission of the state FCCLA association.

***Signatures***

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Candidate Date Parent/Guardian Date

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Adviser Date School Administrator Date