#### INDIANA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

# STATE OFFICER APPLICATION

Deadline Date: January 15, 2017

**Officer applications and adviser recommendations are going to be submitted electronically. The remaining pages in this document must be scanned and e-mailed to Alyson McIntyre-Reiger at** **amreiger@doe.in.gov****. Original documents with signatures must be brought to the FCCLA work day on February 11, 2017.**

Officer Application Link: [**https://www.surveymonkey.com/r/FCCLAINAPP16**](https://www.surveymonkey.com/r/FCCLAINAPP16)

For your preparation, the following information is included in the on-line application

### CANDIDATE INFORMATION

Name, Age, Home Address, Home Phone, Birth Date, Grade this year, E-mail Address, Parent(s)/Guardian(s) Names, District, Chapter

### ADVISER INFORMATION

Name, School, School Address, Home Address, Home Phone, School Phone, E-mail address: Home- School-

 **Check grades applicant has taken Family and Consumer Sciences: 7\_\_8\_\_9\_\_10\_\_11\_\_**

### NARRATIVE

### Applicant will answer 4 questions.

1. Briefly describe your involvement at the Chapter level.
2. Briefly describe your involvement at the District level.
3. Briefly describe your involvement at the State level.
4. List evidences showing candidate’s leadership abilities. Include offices held and participation in school and community organizations (other than FCCLA).

### ADVISER RECOMMENDATION

The chapter adviser is to provide a reference of no more than 75 words. Note outstanding personal characteristics which make the candidate especially able to carry out the responsibilities of an officer. Please submit your recommendation through the following link by January 15, 2017.

[**https://www.surveymonkey.com/r/FCCLAINREC16**](https://www.surveymonkey.com/r/FCCLAINREC16)

**Signature Pages**

\*Please note the last page must be notarized\*

Please submit the following pages by e-mail scanned with signatures scanned by January 15, 2017 to

**Alyson McIntyre-Reiger**

**amreiger@doe.in.gov**

The original documents with signatures must be brought to the officer interview day on February 11.

NOTE: As an FCCLA State Officer Adviser, I understand that I will have meetings to attend to support the student in their candidacy and office. I also understand that I will be working with the other SOA’s to create a plan to cover the various meeting dates. At least two SOA’s will be in attendance at each required State Executive Council meeting to assist the State Adviser and State Officers. It will be the SOA’s responsibility to find a replacement if they are unable to attend a meeting.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Chapter Advisor)

**Obligations of a State Officer:**

1. I understand the responsibilities of officers and have read the following documents:

The Chapter Guides and the Indiana Bylaws and Policies.

1. I understand that I am obligated to attend and participate in the following meetings as a State Officer:
2. 2 State meetings: the state meeting where I will be installed and the state meeting where I will carry out the responsibilities of the office
3. 6 or more State Executive Council Meetings: Spring, Summer, 2 in Fall, 2 in Winter
4. 1 Leadership Academy for state, district, and chapter officers
5. Fall Leadership Rally or a substitute meeting.
6. CTSO combined activities
7. Other activities as determined by the state officer team and/or state adviser.
8. I understand that I am eligible and encouraged to attend and participate in the National Leadership Conference, but this is not required.
9. I realize there will be some expense involved in some of the meetings.
10. I understand that if I fail to attend meetings without a legitimate excuse, I must resign my office. Participating in other organizations’ activities instead of attending FCCLA meetings is not a legitimate excuse for missing FCCLA scheduled meetings and events (refer to the Policies of the association for complete information).
11. I understand that if I resign or am dismissed from my office, I will be obligated to reimburse Indiana FCCLA for expenditures related to being a state officer.
12. Only the State Adviser and Executive Council has the authority to appoint the replacement officer to fill an office that has been vacated.
13. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if elected, pledge to make every effort to fulfill the obligations of this office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant)

I give my permission and pledge my cooperation to assist the applicant, if elected to an office, in carrying out the responsibilities of his/her office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian)

I pledge my cooperation and will assist the applicant, if elected to an office, in carrying out the responsibilities of his/her office. I also certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s GPA is at least 2.5 on a 4.0 scale.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Principal) (Signature of Advisor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Chapter President) (Date)

FCCLA CODE OF CONDUCT AGREEMENT

HANDBOOK VERIFICATION STATEMENT

Please review the officer handbook at infccla.org and complete this form, obtain signatures, and send a scanned copy to Alyson McIntyre-Reiger at amreiger@doe.in.gov Original pages with signatures must be brought to the FCCLA work day on February 13, 2016.

This is to acknowledge I have read and understand the State Executive Council handbook and Code of Conduct under which the FCCLA State Executive Council operates. Code of Conduct is on pages 8 & 9 of the *2016-2017 State Executive Council Handbook*.

Student Signature Date

Parent Signature Date

Local Chapter Adviser Signature Date

Student’s Principal Signature Date

(Code of conduct only)

## **PARENTAL CONSENT FORM**

**Family, Career and Community Leaders of America, Inc.**

7619 S Monticello St

Terre Haute, IN 47802

812-243-6720

All state officers will be expected to travel on behalf of Family, Career and Community Leaders of America during their term of office. It is essential that officers, their parents/guardians, chapter adviser, and school administrators understand this responsibility of state officers and support them traveling alone. Both the state officer and his/her parent(s)/guardian(s) agree to release Family, Career and Community Leaders of America, its officers and directors from any and all liability resulting from any occurrence during the officer's term.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to receive medical treatment by a physician should an illness or minor accident occur while traveling as a State Officer of the Family, Career and Community Leaders of America. The following information may be helpful if such a situation arises:

Our family physician is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special medical conditions that should be noted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special medication currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription number and pharmacy for special medication currently taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact in case of emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Social Security #:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Insurance Company:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Identification #:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Group #:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Location of Card:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Insurance Company Phone #:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and consent to the above**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Officer) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Notary) (Date)

**Note: An original copy must be scanned and e-mailed to Alyson McIntyre-Reiger at** **amreiger@doe.in.gov****. The original document with signatures must be submitted on February 11, 2017 at the FCCLA work day.**

**Officers are responsible for updating state adviser with any changes on this form as they occur.**