

SOUTH DAKOTA OFFICER CANDIDATE INFORMATION SHEET

NAME	GRAD	DE
CHAPTER	SCHOOL	
ADVISER	ADVISER CELL PHONE	
SCHOOL ADDRESS		
HOME PHONE	CELL PHONE	
PARENTS		
NAMES		
E-MAIL	PHONE	
SCHOOL		
PHONE		
PRINCIPAL		
CHDEDINTENDENT		

Please use this candidate information sheet as the cover for officer applications at all levels.



South Dakota Association Family, Career and Community Leaders of America State Junior High Officer Candidate Application Instructions

Please complete the following instructions for the State Junior High Representative Officer Candidate Application. Complete and send all pages of application. Applications need to be postmarked on or before February 23, 2018.

□ FCCLA Resume

- O Attach a professional FCCLA resume, one page only in length, typed in 11 point Times New Roman font with margins set at .75 all around, providing the below criteria:
 - Name, home address, phone, email address.
 - School, school address, chapter, year in school, number of years in FCCLA, total years of FACS instruction.
 - List all Family and Consumer Sciences courses and grade levels when taken. Please list the course titles as they appear on your transcript.
 - List your participation in FCCLA at the local, district/region, state and national level.
 - List offices held in FCCLA.
 - List your participation in your school and community organizations.

☐ 2 Letters of Recommendation

- Provide 2 typed letters of recommendation. Each recommendation should be on a separate sheet of paper and included with the application. The recommendations must follow the below criteria:
 - A maximum of one page in length per person and double spaced.
 - One from the Chapter Adviser and the other one from a professional knowledgeable of your FCCLA and/or non-FCCLA related activities.
 - Include FCCLA leadership skills, community involvement, and academic performance.
 - Name and title of the person writing the recommendation, signed and dated.

□ Affiliation

• Attach a copy of the 2017-2018 chapter affiliation form highlighting the candidate's name to verify candidate's membership.

☐ Official Transcript

- O Attach an official transcript that indicates the candidate's grades and/or cumulative grade point average.
- Candidate must have completed a minimum of one class of Family and Consumer Sciences.



Ш	Candidate Support Form			
	Candidate, chapter adviser, school administrator, and parent or guardian must read and sign the Candidate Support Form on page 3. Candidate must receive approval in order to run for state office. Please have each person check all boxes and they must include a signature and date. If all boxes are not checked due to lack of support, your application will not be accepted.			
	Transcript Release Parental Agreement Form			
	o Parents or guardians must sign the Transcript Release Agreement Form on page 4.			
	☐ Photography & Website Consent and Release Form			
	o Parents must sign the Photography Consent and Release Form on located page 4.			
	Code of Conduct Agreement			
	 Candidate, chapter adviser, school administrator, and parent or guardian must read and sign the Code of Conduct Agreement on page 5. 			
	State Officer Candidate Summary Sheet			
	 Complete the State Officer Candidate Summary Sheet located on page 6. 			
	Make a copy of your application for your records before you submit it to state headquarters.			

Application postmark deadline: February 23, 2018

Mail completed applications to:

Kris Brockhoft SD FCCLA State Adviser 103 Wenona Hall SDSU, Box 0507 Brookings, SD 57007



Candidate Support Form

State Junior High Officer Candidate Commitment

If elected as a state officer, I agree to:		
☐ read and follow the SD FCCLA Code of Conduct Agre		
attend the following meetings in addition to web meetings		2 2010 1
O State Executive Council Meetings April 10-11, 2018		
O CTSO Officer Training June 6-7, 2018 & Legislativ O National FCCLA Conference June 28 –July 2, 201	_	
O Fall Leadership September 30 -October 1, 2018	0	
O SD State FCCLA Leadership Meeting March 31-A	pril 2 2010	
O Two region meetings in addition to your specific re		
☐ communicate with my school administration, adviser, c		er throughout the year
□ attend all required FCCLA state activities and perform		
☐ devote the necessary time and effort to the work and tra	_	•
State Officer Candidate Signature	•	Date
-		
State Junior High Officer Candidate Adviser Sup	<u>port</u>	
If the student is elected to a state office, I agree to:		
□ support the state officer if he/she is elected.		
attend the SD State FCCLA Leadership Meeting March	-	
□ secure or provide appropriate transportation and chaper		<u>C</u>
O State Executive Council Meetings April 10-11, 2018		
O CTSO Officer Training June 6-7, 2018 & Legislativ		
O National FCCLA Conference June 28 –July 2, 201 O Fall Leadership September 30 -October 1, 2018	8	
O SD State FCCLA Leadership Meeting March 31-A	nril 2 2010	
O Two region meetings in addition to your specific re		
☐ serve as a consultant to help my state officer prepare fo		sibilities throughout his/her term
☐ monitor my officer's academic progress and serve as a		=
Infolitor my officer's academic progress and serve as a	naison for senoor office	statis to keep them informed.
State Officer Candidate Adviser Signature		Date
Cahaal Administrator Cumpart		
School Administrator Support		
If the student is elected to a state office, I agree to:	. 14	:01 /1 : 1 / 1
as the school administrator, support the candidate's adv		
allow the officer and their adviser to attend FCCLA even		aired of a state officer.
□ support the adviser and the officer in his/her attendance		2 2010 1 0 2010 151 2010
O State Executive Council Meetings April 10-11, 2018		
O CTSO Officer Training June 6-7, 2018 & Legislativ		
O National FCCLA Conference June 28 –July 2, 201 O Fall Leadership September 30 -October 1, 2018	8	
O SD State FCCLA Leadership Meeting March 31-A	pril 2 2010	
O Two region meetings in addition to your specific re		
☐ support the state officer candidate adviser in his/her res		g their attendance at required events.
	_	-
Administrator Signature	I itle	Date
Parent Support		
If the student is elected to a state office, I agree to:		
\square support the state officer if he/she is elected.		
☐ financially assist the student with uniform and travel.		
☐ read and support the SD FCCLA Code of Conduct Agr	eement	
	cerrient.	



Transcript Release Parental Agreement

State Junior High Officer Candidate:					
Candidates must submit a school transcript as part of their ca are agreeing to the release of the above candidate's school tr					
Parent/Guardian Signature	Date				
Printed Name					
Parent/Guardian Signature	Date				
Printed Name					
Photography & Website Consent	and Release Agreement				
I,, hereby give SD Family, Career and Community L to photograph me. I hereby grant to SD Family, Career and Communityseminate such photographs and images, in whole or in part, or all SD Family, Career and Community Leaders of America in conjunc	unity Leaders of America all rights to reproduce and tered in character or form, that will be used by the				
I further grant SD Family, Career and Community Leaders of Ame pictures and images through any media, for educational purposes, a other lawful purposes. I also grant to SD Family, Career and Comm such pictures and images in its own name or to publish, to market,	art, entertainment, advertising of, and internal use for nunity Leaders of America the right to copyright				
I hereby waive the rights or interests that I may have in the pictures approve the finished photographs and images or the use of which it					
I expressly release SD Family, Career and Community Leaders of assigns from and against any and all claims which I have or may have case of action arising out of the production, distribution, publication	we for invasion of privacy, defamation or any other				
Parent/Guardian Signature	Date				
Candidate Signature	<u>Date</u>				



Officer Code of Conduct Agreement

If serving as a State Officer, I will assume the additional duties of State Officer outlined in the Bylaws of the South Dakota Association of Family, Career and Community Leaders of America and I will fulfill the following expectations.

State Officers represent all members of the State Association and are looked to by members as an example and a leader. Applicants for Region/State Officer should consider each of the following statements carefully before signing the application, as this is a conditional privilege. We recognize that the privilege can be withdrawn by the Disciplinary Committee in their discretion, at any time.

To be considered a candidate for the office of Region/State Officer, this agreement must accompany the Region/State Officer Application. By signing this agreement, I will:

- 1. Commit to serve the Association by role modeling professional and responsible behavior at all times.
- 2. Conscientiously serve the Association and assist and encourage FCCLA members and chapters to take an active part in the organization, school and community.
- 3. Set an example for members of the State Association as a good student, courteous person and a responsible citizen.
- 4. Represent the State Association credibly at meetings, banquets and other gatherings when asked to do so, speaking clearly, concisely and enthusiastically, using proper grammar at all times.
- 5. Thoroughly familiarize myself with the constitution and policies of the organization, parliamentary procedure, and the total family and consumer sciences education program.
- 6. Strive to maintain a good working relationship between FCCLA and the public.
- 7. Attend all FCCLA State Executive Council meetings including the FCCLA National Leadership Conference. (I will be responsible for expenses which could amount to as much as \$1,500 for the National Leadership Conference. Candidate and/or chapter should be fully committed to paying the total sum when the candidate runs for office.)
- 8. Strive to improve my leadership ability and give as much time as required to carry out my duties as a Region/State Officer during the term.
- 9. Make regular appointments to confer with my local chapter adviser to maintain communication regarding region and state-level matters.
- 10. In addition, I understand that any action detrimental to the FCCLA image will not be tolerated and may result in disciplinary action by the State FCCLA Disciplinary Committee up to and including dismissal from the organization.

By signing below, I recognize that I am committing myself to the responsibilities above.			
Candidate	Date		
Verification: We have reviewed the application for cooperation in carrying out the responsibilities of	or SD FCCLA State Officer. If elected, the applicant will have our the office to the best of his/her ability.		
Parent/Guardian	Date		
Local Adviser	Date		
Administrator	Date		



2018-2019 State Junior High Representative Officer Candidate Summary Sheet

Name of Candidate						
Chapter	Number of Years in FCCL.	Number of Years in FCCLA				
Current Year in School	<u> </u>					
Check all that apply: (Count only activities attended as an FCCLA member)						
State Peer Education/ □Career Team Leadership Teams: □Trends Team	☐ Community Team ☐ National Outreach Team	☐ Family Team ☐ Advocacy Team				
Power of One Modules: ☐ A Better You ☐ Take the Lead	☐ Family Ties ☐ Speak Out for FCCLA	☐ Working on Working				
Cluster Meetings Attended: ☐ 2015 ☐ 20	016 □ 2017					
National Leadership Conferences Attended: ☐ 20	15 □ 2016 □ 2017					
Attended: Rookie Training (Year)	□ Power Training (Year)					
Step One Completed: Yes (Year)						
List the offices you held, STAR Events you o	competed in, and contributions to	FCCLA below.				
Local:						
District/Region:						
State:						
National:						
Community Involvement:						