

State Officer Candidate

Application Packet

SOC Name:

Chapter:

Region:

STATE OFFICER CANDIDATE APPLICATION INSTRUCTIONS

State Officer Candidates must provide proof of FCCLA leadership experience in their families, careers, and communities, appropriate documentation, signatures, recommendations, and approval in order to run for state office. In addition to verifying your eligibility to run for a state office, the application is your opportunity to tell the voting delegates about your qualifications. Your application should reflect who you are, why you joined FCCLA, your experiences, your future goals, and why you want to be a state officer. Please review the following information carefully.

Checklist of Application Instructions:

- ☐ Form A: Applicant Summary and Checklist
- ☐ Form B: Applicant Face Sheet
- ☐ Form C: Discipline Policy and Procedures
- ☐ Form D: FCCLA Code of Ethics
- ☐ Form E: Commitment Statement
- ☐ Form F: Travel and Chaperone Consent
- ☐ Form G: Application Certification

The final application is due in-hand by February 12, 2021 but applications are accepted and encouraged year-round. The entire application is to be completed, including any requested documents (resume, transcripts, etc). Mail your completed application to:

**Arizona FCCLA
Arizona Department of Education
c/o Andrew Kuntz
1535 West Jefferson St, Bin #42
Phoenix, AZ 85007**

Given the circumstances surrounding the Novel Coronavirus Disease 2019 (COVID-19) Pandemic, candidates may submit applications that are missing signatures from a school administrator and / or CTE Director. Upon receipt of the completed applications, the State Staff will send the application for electronic signature to those individuals still needing to sign.

No emailed or faxed applications will be accepted. It is suggested that you complete this application in Microsoft Word and print it. All candidates will participate in the State Officer Candidate Interviews. The interviews will be conducted via Zoom on February 23 – 25, 2021. Additional information will be sent upon receipt of this application.

Any questions regarding the election process should be directed to leadership@azfccla.org.

Form A: Applicant Summary and Checklist

Applicant Name: _____ School: _____

- ☐ Essay Response
- ☐ Resume (one-page max)
- ☐ Letter of recommendation from your local chapter adviser
- ☐ Transcript (FCCLA state officers must maintain a 3.0 GPA or “B” average and enrollment in or completion of FACS course(s) listed within one school year of running for state office)
- ☐ Copy of Membership/National Affiliation Form (Must verify the candidate is affiliated with the state and national organization by February 1st)
- ☐ I have sent all original copies of the application with original signatures where required (no copies or faxes).
- ☐ I have completed the Intent to Run form found on the SEC Elections tab of the Arizona FCCLA website.

Form B: Applicant Fact Sheet

General Information

Name: _____

School: _____ Chapter Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Grade next school year: ☐ 10 ☐ 11 ☐ 12

Number of Years in FCCLA: _____ GPA: _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Email Address: _____

Adviser Information

Name: _____

Phone Number: _____

Email Address: _____

School Administrator Information

Name: _____

Phone Number: _____

Email Address: _____

CTE Director Information

Name: _____

Phone Number: _____

Email Address: _____

Form C: Discipline Policy and Procedures

Arizona FCCLA state officers are the face of Arizona FCCLA. Our organization's success relies heavily on the actions and representation of our state officer team. The "FCCLA State Officers Code of Conduct" and the "State Officer Discipline Policy and Procedures" were developed and approved by the FCCLA executive council and board of directors and will be enforced.

DISCIPLINE POLICY AND PROCEDURES FOR LEVEL ONE VIOLATIONS:

The following have been identified as "**extremely serious**" violations and will result in the "**removal from office**":

1. Missing more than one required State Executive Council meeting or FCCLA event.
2. Possession, consumption, transportation, or purchase of any alcoholic beverage or illegal drug; including but not limited to tobacco or any electronic smoking device.
3. Defacing, damaging or stealing public or private property.
4. Violations not mentioned as identified by the State Adviser or chapter adviser.

DISCIPLINE POLICY AND PROCEDURES FOR LEVEL TWO VIOLATIONS:

The following have been identified as less serious violations. The state officer will be suspended for the next FCCLA event or until the matter is resolved.

1. Failure to complete assignments and/or reports on time.
2. Failure to turn in monthly reports on time.
3. Failure to follow the Arizona FCCLA Dress Code.
4. Other violations not mentioned as identified by the State Adviser.

It is assumed that all members elected at Arizona FCCLA State Officers are responsible, mature and of the highest moral character. Based on this premise, Arizona FCCLA State Officers will be requested to perform assignments both as individuals and as a team. Neglect or failure of one team member to produce affects the entire team production. Disciplinary actions are at the discretion of the Arizona FCCLA State Staff.

I understand the above policy and procedures and agree to abide by the regulations for the Arizona FCCLA State Officers.

Candidate Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Chapter Adviser Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

CTE Director Signature: _____ Date: _____

Form D: FCCLA Code of Ethics

The Code of Ethics is a standard of conduct that should be ascribed to by all FCCLA members and advisers. As role models, state officers must conduct themselves according to the Code of Ethics at all times.

- I will be honest and sincere.
- I will periodically evaluate my personality and attitude, making every effort to improve myself.
- I will approach each task with confidence in my ability to perform my work at a high standard.
- I will willingly accept responsibilities and duties and consider all assignments as important.
- I will be flexible and understanding as I accept assignments on behalf of Arizona FCCLA.
- I will seek to profit by my mistakes, and to take suggestions and criticisms directed toward the improvement of my work and me.
- I will abide by the rules and regulations of my school.
- I will exercise initiative and responsibility, and will cooperate with my employer and fellow workers.
- I will dress and act in a manner that will bring respect to me, my school and FCCLA.
- I will seek to improve my community by contributing my efforts and resources to worthwhile projects.
- I will be willing to travel to serve the Arizona FCCLA organization.
- I will be dedicated and committed to FCCLA and the total program of the organization and family and consumer sciences education.

I have read, understand and agree to adhere to the Code of Ethics and the high standards and tradition of FCCLA.

Candidate Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Chapter Adviser Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

CTE Director Signature: _____ Date: _____

Form E: Commitment Statement

State Officer Applicant (required for all candidates)

If elected to serve Arizona FCCLA as a member of the State Executive Council, I agree to:

Place an X in each box and sign.

- ☐ Make Arizona FCCLA service my top priority after my education and family responsibilities.
- ☐ Attend all State Executive Council meetings as outlined in the *2021-2022 SEC/A Handbook*.
- ☐ Cooperate with my adviser, chapter, school, district, and State Staff throughout the year.
- ☐ Perform all assigned officer responsibilities.
- ☐ Maintain the highest degree of personal honor, integrity and ethics.
- ☐ I have read and understand my responsibilities and financial obligations as outlined in the *2021-2022 SEC/A Handbook*.

Candidate Signature: _____

Parent/Guardian (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

Place an X in each box and sign.

- ☐ Support my student in their position as a state officer for Arizona FCCLA.
- ☐ Assist the chapter adviser in ensuring my student has reliable means of transportation to and from all events.
- ☐ Understand the potential reasons that are grounds for removal from office.
- ☐ Communicate any challenges that may hinder my student's ability to serve as a state officer.
- ☐ I have read and understand my responsibilities and financial obligations as outlined in the *2021-2022 SEC/A Handbook*.

Signature: _____ Relationship: _____

Chapter Adviser (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

Place an X in each box and sign.

- ☐ Recommend for state office ONLY those candidates who are qualified.
- ☐ Support the officer if he/she is elected.
- ☐ Ensure all school policies regarding travel and absences are communicated to the Arizona FCCLA State Staff and that they are followed.
- ☐ Ensure all travel and absences are communicated to the school administration.
- ☐ Communicate with Arizona FCCLA State Staff regarding my officer's performance issues.
- ☐ I have read and understand my responsibilities and financial obligations as outlined in the *2021-2022 SEC/A Handbook*.
- ☐ Actively serve on the Arizona FCCLA Board of Directors to the fullest extent of support from the school district.

Signature: _____ Position: _____

School Administrator (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

Place an X in each box and sign.

- ☐ Support this officer if he/she is elected with the resources needed to fulfill his/her duties; including, but not limited to transportation, support of attendance and other obligations.
- ☐ Support the adviser's role throughout the year as well as attendance at all required Arizona FCCLA events.
- ☐ Enable the officer to attend all required events as outlined in the *2021-2022 SEC/A Handbook*.
- ☐ Allow officers to travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer, and will assist in making travel arrangements if need be. I understand that officers will not be transported by Arizona FCCLA State Staff.
- ☐ I have read and understand my responsibilities and financial obligations as outlined in the *2021-2022 SEC/A Handbook*.

Signature: _____ Position: _____

CTE Director (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

Place an X in each box and sign.

- ☐ Support this officer if he/she is elected with the resources needed to fulfill his/her duties.
- ☐ Support the adviser's role throughout the year as well as attendance at all required Arizona FCCLA events.
- ☐ Enable the officer to attend all required events as outlined in the *2021-2022 SEC/A Handbook*.
- ☐ Allows officers to travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer, and will assist in making travel arrangements if need be. I understand that officers will not be transported by Arizona FCCLA State Staff.
- ☐ I have read and understand my responsibilities and financial obligations as outlined in the *2021-2022 SEC/A Handbook*.

Signature: _____ Position: _____

By signing below, I certify that I have read the *2021-2022 SEC/A Handbook* and am aware of my responsibilities and financial obligations that I, my chapter, my school, or district may have if my student is elected to the State Executive Council.

Candidate Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Chapter Adviser Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

CTE Director Signature: _____ Date: _____

Form F: Travel and Chaperone Consent

Applicant Name: _____ Phone: _____

School Name: _____ Phone: _____

As indicated by our signatures below, we hereby give this candidate permission to attend and travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer, whether transported by their adviser, a representative of the school or district, another state officer parent or any other appropriate means of transportation. I understand that officers will not be transported by State Staff.

As a school official, my signature below verifies that the above modes of transportation comply with our student transportation policy.

_____	_____	_____
Chapter Adviser Signature	Title / Position	Date

_____	_____	_____
School Administrator Signature	Title / Position	Date

_____	_____	_____
CTE Director Signature	Title / Position	Date

My signature below indicates that I have read and understand the above student transportation policy and agree to these conditions.

_____	_____
Parent / Guardian Signature	Date

_____	_____
Applicant Signature	Date

Essay:

The essay response is limited to one page-only; do not alter this format and do not attach additional documents.

Applicant Name: _____ Chapter: _____

Describe how your involvement in Family and Consumer Sciences and FCCLA has impacted your future career choice and how you plan on helping others discover their career path.

Form G: Application Certification

Directions: The responsibility for sponsoring a state officer candidate rests with the local chapter of FCCLA. Only local chapters that meet the criteria stated in the national bylaws are eligible to nominate candidates for state office. Upon approval of the local chapter, the applicant must forward this application to the State Adviser for certification. This application along with ALL required supporting materials, must be submitted to the Arizona FCCLA State Office no later than February 12, 2021. ***Faxed or e-mailed applications will not be accepted.***

Certification by State Officer Candidate and Parent/Guardian

I agree to adhere to the campaign policy and am aware of my obligations as outlined in the 2021-2022 SEC/A Handbook. The information presented in this application is true and my own work.

Candidate Signature: _____ Date: _____

As the parent/guardian of this candidate, I have read the duties and responsibilities of the office being sought, as outlined in the 2021-2022 SEC/A Handbook. I will provide the appropriate financial support for my student to fulfill his/her obligation as a state officer.

Parent Signature: _____ Date: _____

Certification by Chapter Adviser, School Administrator and CTE Director

The credentials for this candidate are included in this application. The applicant meets the qualifications for the office indicated. If elected, he/she will receive the full support of the chapter, school, district and adviser in the execution of the duties of this office.

Adviser Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

CTE Director Signature: _____ Date: _____

Additional information will be sent upon receipt of this application. If you have any questions, please email leadership@azfccla.org.

Thank you and good luck!