

**Kansas State Officer Candidate
Personal Information**

Due by February 12

Please TYPE and LABEL the following information.

Your name

Parent(s) Name

Home Address including City, State & Zip

Home Phone Number

Your Cell Phone Number

Your Email Address

School Name

School Address including City, State & Zip

School Phone Number

School FAX Number

Advisor Name

Advisor Home Address including City, State & Zip

Home Phone Number

Cell Phone Number

School Email Address

Home Email Address

District / State Officer Qualification Form

OFFICERS' QUALIFICATION FORM FOR DISTRICT AND STATE ELECTIONS

All information **must be TYPED and kept to this one page format.**

EMAIL TO DISTRICT ADVISER BY MIDNIGHT on JANUARY 10

STATE OFFICER CANDIDATES EMAIL TO: plamb@ksde.org by FEBRUARY 12

Officer Candidate for District: _____ Chapter: _____ GPA: _____
 Name: _____ Graduation Date: _____

Please list in order your top 3 officer position preferences. (include district & if running for state)

1. _____ 2. _____ 3. _____

Candidate Letter (office use only)

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District officer candidates must complete one unit of Family and Consumer Sciences at 6th grade or above prior to assuming responsibilities. State or National Officer Candidates must have completed two courses of Family and Consumer Sciences courses at 6th grade or above prior to assuming responsibilities. List FACS courses, course length, and year taken.

Candidates must have been an FCCLA member for **one year** prior to assuming official responsibilities. Number of years as an FCCLA member _____.

Identify **only TWO specific** responsibilities or activities completed in each category that would help you in serving as an FCCLA officer. Example: Basketball; Student Council Officer

FCCLA CHAPTER 1. 2.	HOME 1. 2.
DISTRICT FCCLA 1. 2.	SCHOOL 1. 2.
STATE FCCLA 1. 2.	COMMUNITY 1. 2.

Check Power of One modules completed

A Better You Take the Lead Family Ties
 Speak Out for FCCLA Working on Working

Tell why you feel you should be an FCCLA officer in 50 words or less. Please do not directly include previous FCCLA offices.

I am also seeking the position of National Officer Candidate. Yes No

**KANSAS ASSOCIATION
FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA**

State Officer Candidate: Designated Office Interest Form

This form has been created in order to facilitate the state Selection Committee in assigning designated offices to those candidates elected by the voting delegates. This is similar to the process used by the national FCCLA organization. The Selection Committee will interview the elected candidates and assign them to designated offices based on interest and qualifications. The completion of this form will indicate to the committee those offices in which you are interested and for which you feel qualified. **You may indicate an interest in several positions.**

Candidate's Name: _____

I have read the attached duties and responsibilities of each office in the Kansas Association, and wish to be given consideration by the Selection Committee for the specific offices numbered with 1 being my first choice below. ***I understand that the offices of president and 1st vice president require additional days absent from school.***

_____ State President (This officer serves a one-year term on the Board of Directors, resulting in two extra meetings in addition to the regular executive council meetings.)

_____ 1st Vice President (This officer serves a one-year term on the Board of Directors, resulting in two extra meetings in addition to the regular executive council meetings.)

_____ Vice President of Individual Programs

_____ Vice President of Membership

_____ Vice President of Peer Education Programs

_____ Vice President of Recognition

_____ Vice President of Public Relations

_____ Vice President of Corporate Relations/Finance

Signed: _____, Officer Candidate

We approve the selection of this candidate for the offices checked above and understand that certain offices require additional time away from school for both the officer and the adviser.

Signed: _____
(Chapter Adviser)

Signed: _____
(School Principal)

**KANSAS FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA
STATE OFFICER CONTRACT**

After being elected as a State Officer of the Kansas Family, Career and Community Leaders of America, I

_____, of the _____ chapter, will

1. Attend and participate in all activities of my local chapter and district as well as meetings designated for my office by the state association or state advisor.
2. Adhere to the code of conduct for state officers. Violation of the code of conduct rules may result in being sent home immediately from an activity at my own expense and/or possible dismissal from office. The appropriate process for violation of the code of conduct will be followed. The student must maintain good standing with their school, meet attendance standards set by the school and no disciplinary actions due to misbehavior at the discretion of the chapter adviser. The state officer will have an accumulative 3.0 GPA for the past three semesters.
3. Meet all deadlines and complete the responsibilities of my office on time or will notify the state adviser as to the reason for delay. Officer must receive approval and extension by the state adviser.
4. Attend CTSO state officer training, National Leadership Conference, State Executive and Advisory Council meetings, State Executive Council Meetings, state STAR events, State Leadership Conference, Take AIM Conference, Citizenship Day and Briefcase Exchange.
5. Provide a compact disc of the activities completed during my term of office to better assist future officer teams in their planning.
6. Attend assigned District Fall Leadership Academies and present state officer workshop.
7. Keep personal address, home phone numbers, and personal email confidential to maintain privacy.

Failure to meet any of the above requirements will result in the loss of the "Officer Certificate with Honors" and may result in removal from office as determined by the policies committee of the State Executive and Advisory Council.

Date: _____ Signed _____, State Officer
I shall be responsible to communicate my need for transportation to meetings with the people listed below.

My/Our daughter/son _____ has our permission to become an FCCLA State Officer.
I/We shall cooperate in every way to assist her/him to attend the above meetings and to fulfill his/her officer responsibilities.

Date: _____ Signed _____, Parent/Guardian

As a chapter adviser, I believe this officer has the qualifications for the office she/he was elected. I shall cooperate in every way to assist her/him to attend the above meetings and to fulfill her/his officer responsibilities.

Date: _____ Signed _____, Adviser

The school administration gives approval for the above officer to complete her/his duties and pledge our support by providing school transportation to and from all required meetings.

Date: _____ Signed _____, Local Administrator

Kansas Family, Career & Community Leaders of America

State Officer Code of Conduct

All meetings and activities of Kansas FCCLA are educational functions and plans are made with that objective in mind. Your behavior at these meeting and activities is a direct reflection of Kansas FCCLA. The Kansas Association wants every person to have an enjoyable experience with maximum attention to safety and comfort. The following policies are mandatory and non-negotiable. These policies will be enforced for every state officer attending a local, district, state or national FCCLA activity of the Kansas Association. This includes appropriate behavior on a daily basis as well.

I, as a state officer of Kansas Family, Career & Community Leaders of America will NOT:

1. Possess or consume the following, which includes but is not limited to: tobacco, cigarettes, vape, cap or e-cigarettes, nicotine products, alcohol or any other illegal drugs.
2. Use the internet/social media in any way that will degrade myself, others or Kansas FCCLA. Sign the attached social media document.
3. Use vulgar language or use any offensive verbal communication that may cause anger or may alarm anyone.
4. Wear inappropriate clothing to FCCLA meetings, which include jeans, flip-flops, hats or any other item of clothing that advisors feel, is demeaning to the organization as a whole.
5. Use any audio device during an FCCLA meetings (ex. Cell phones, iPod's, etc.) and well keep the items off at all times.
6. Leave any meetings without permission of an adviser.
7. Make charges to my hotel rooms and keep my room clean when traveling under Kansas FCCLA.
8. Break any establish curfews.
9. Discriminate against any person due to age, race, gender, religion or sexuality.
10. Be found to have committed a felony by court of law or adjudicated for a felony including probation. 11.

I, as a state officer of Kansas Family, Career & Community Leaders of America will:

1. Attend all meeting sessions for the entirety for which I am registered.
2. Properly secure all valuables and be cautious in displaying these items. The State association well not be responsible for any lost or stolen items.
3. Review agendas with advisers & keep them informed of my location and activity at ALL times.
4. Meet other students or adults in public meeting areas. Other sleeping rooms are off limits without the permission of an assigned chaperone or adviser.
5. Behave professionally at all times; be courteous to all guests and friendly to other delegates. Respect the rights of others and use proper protocol at ALL times.
6. Attend all meetings I am required to be in attendance for, which include State Leadership Conference (2 years), National Leadership Conference, CTSO training, State officer meetings, Take AIM and/ or any meetings required for my selected position.
7. Behave in such a way that reflects me as a person, my school and the organization as a whole, in a positive manner.
8. Remember that I am a member of a team, and work together to better Kansas FCCLA.

ALL RULES OF MY SPECIFIC SCHOOL AND DISTRICT WILL ALSO APPLY WHEN AT FCCLA ACTIVITIES.

I understand that should I violate any of the policies above I may be dismissed from my current position in Kansas FCCLA, may be asked to leave from any meeting/ conference and may be responsible for any reimbursement of the State Association for all expenses relating to this event. If violated and need review, the current State Officer Advisory Board consisting of the State President, State Board of Director's President and State Adviser well make a decision if removal of position or attendance is needed.

Date

Participant's Signature

We have read and understand the Code of Conduct policies. We also agree that the state staff has the right to send our son/ daughter home from the activity at our expenses, provided he/she violated the conduct policies and/or his/her conduct had become a deterrent to the activity or image of the State Association as determined by the State Officer Advisory Board.

Date

Parent/ Guardian Signature



KANSAS FCCLA Officer

Social Media Code of Conduct

I, _____, agree to follow all the guidelines of Family, Career and Community Leaders of America (FCCLA) with regard to social media use. This includes, but is not limited to, Facebook, Twitter, Pinterest, Vine, Tumblr, and Instagram. As an elected officer of Kansas FCCLA, I agree to the following:

- I will not post any content on my social media pages that reveals myself or anyone else participating in any illegal activity or other questionable activities
- I will not say anything derogatory towards a specific religious or political group
- I will not post any pictures or statuses that reveal inappropriate public displays of affection (PDA)
- I will not post any content with vulgar language

In addition, officers will abide by the following guidelines:

- My posts on any social media site will reflect that of a real-life teenager but also that of an FCCLA officer. This will include:
 - Using proper grammar in every post on social media
 - Maintaining a positive and professional image
 - Wearing appropriate clothing in a modest manner
- I will promote FCCLA and build excitement for members through my social media pages whenever it is asked of me
- I will support the other officers on social media with regard to FCCLA and personal activities
- I will keep the other officers accountable for their actions on social media by use of private messaging and in connection with an appropriate advisor. When others ask for removal of a certain post, I will respect that opinion and take down the post.
- I will always be respectful on social media.
- If I am found in violation of any of these areas, the appropriate advisor and governing body will decide upon a consequence that fits the transgression.

Signature of Member: _____ Date: _____

Signature of Local Advisor: _____ Date: _____

Signature of Parent: _____ Date: _____

Disclose Social Media User Names Facebook _____

Instagram _____ Twitter _____

Snapchat _____ Other _____

PERSONAL PROFILE FOR DISTRICT / STATE OFFICER CANDIDATE

(Confidential: NOT to be seen by applicant) Please fill out this form and email to _____ by _____

Candidate's Name _____

District Officer Use _____

Chapter _____

State Officer Use _____

KEY FOR CHECKING: Superior-5 Excellent-4 Good-3 Fair-2 Poor-1

	1	2	3	4	5
Mark X in the appropriate column					
Character					
1. Acceptable personal appearance (well-groomed)					
2. Shows interest in position					
3. Acceptable personal behavior					
4. Personal traits: consider- honesty, trustworthiness, effort, sense of humor, enthusiasm, attitude, ability to accept criticism					
Scholarship					
1. Class work (family and consumer sciences & others)					
2. Ability to carry out instructions					
3. Effort in terms of ability					
Leadership					
1. Ability to express self and explain clearly facts & ideas to others					
2. Punctuality; including meeting deadlines					
3. Organization ability (possesses skills to serve as state officer)					
4. Assumes responsibility					
5. Works well with others, is a team player					
6. Ability to use time well					
Services					
1. Chapter (knowledge of organization, participation in activities, interest)					
2. Home (family members & student are willing to co-operate in working out needed transportation, use of time, money, & home responsibilities)					
3. School (participates in worthwhile activities in proportion to the whole school program, home obligations, and personal energies & time)					
4. Community (other youth organizations)					
Citizenship					
1. Attendance to class (not tardy or absent unnecessarily)					
2. Respectful and responsible for others and personal belongings					

Do you feel that this student is ready to assume the responsibilities of being an FCCLA District Officer?

Total Points :

Yes___ No___

Do you feel that this student is ready to assume the responsibilities and obligations of being an FCCLA State Officer? (only check if member is running for State Officer)

Signed _____

Yes___ No___

Position or Title _____

Two Personal Profile Sheets are to be completed, one by the candidate's chapter adviser and the other by an adult school staff member familiar with the candidate's qualifications. When the chapter adviser is the parent of the applicant, the Profile Sheets should be by another

Name/Photo/Video/Audio Release

Project Description: Family, Career and Community Leaders of America Web Site and Calendar

Use: Information

I, _____, in consideration of using my name, photograph, videotape, or otherwise recording me, hereby grant to Kansas Family, Career and Community Leaders of America the irrevocable right and license to use my name, and/or likeness on the Kansas Family, Career and Community Leaders of America Web Site and/or Kansas Family, Career and Community Leaders of America Publications.

I agree to hold Kansas Family, Career and Community Leaders of America harmless against any liability, loss or damage resulting from the use of my name, image and/or voice, and hereby release and discharge Kansas Family, Career and Community Leaders of America from any and all claims whatsoever in connection with such use of my name, image and/or voice.

Please fill out the bottom portion of this form completely.

Student's Name: _____
Please Print

Address: _____

City/State/Zip: _____

Telephone: _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____