Kansas FCCLA Alumni & Associates  
Member Involvement Form

There are many opportunities for you to become involved with Kansas FCCLA as an Alumni & Associates member. This form will identify the various ways in which you would be interested in volunteering with Kansas FCCLA. Your name and areas of expertise will be available to match the needs of Kansas FCCLA members.

Name: ______________________________________________

For professionals, what is your occupation? __________________________________

For students, what is your academic major(s)/minor(s)? ____________________________

Chapter Affiliation ____________________________________________________________

Ways that You Can Volunteer with Kansas FCCLA Members

☐ Serving as a District/State STAR Events Evaluator
☐ Assisting chapters with the preparation of STAR Events—what events? ______________
☐ Assisting with leadership training (chapter officers, district officers, etc.)
☐ Assisting with a District Fall Leadership Academy
☐ Assisting the State Advisor at the State Office in Topeka
☐ Serving as the State Advisor Assistant at the National Leadership Meeting

(*Note: A separate application is available for the NLM Assistant)

☐ Assisting with chapter activities in your area
☐ Fundraising for Kansas FCCLA
☐ Assisting at the Kansas FCCLA State Leadership Showcase
☐ Assisting at the TAKE AIM Conference
☐ Starting or supporting collegiate chapters at your local college or university
☐ Serving as a state officer for Kansas FCCLA Alumni & Associates
☐ Serving as a member of the Kansas FCCLA State Board of Directors
☐ Assisting with the development & implementation of the Kansas FCCLA Strategic Plan
☐ Assisting with the Kansas FCCLA Peer Education teams

What Chapter, District, State, and National experience have you had in FCCLA?

__________________________________________________________________________

What STAR Event(s) have you participated in?

__________________________________________________________________________

Please list any special skills or experiences that you have that could be valuable to chapters, districts, and Kansas FCCLA.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Are you willing to have your name, phone number, and e-mail address released to advisors in the district you are currently residing in?

☐ Yes ☐ No

Are you willing to have your name, phone number, and e-mail address placed on the Kansas FCCLA webpage in the A&A Expertise Database?

☐ Yes ☐ No