STATE PEER EDUCATION TEAM
GENERAL INFORMATION

The Mission of Kansas Peer Education is for teens to interact and reach out to other teens to promote individual and team communication skills, focus on national programs, address local needs, and develop family, career and community leaders.

AN EFFECTIVE PEER EDUCATOR IS SOMEONE WHO...
♦ Is a good communicator, a self-starter and motivator
♦ Is a team player and respects others
♦ Is organized
♦ Is someone willing to make the time and energy commitment
♦ Is a leader who is liked, respected and works well with others
♦ Has good verbal and written communication skills

TEAM RESPONSIBILITIES:
♦ Have working knowledge of national programs.
♦ Conduct research to prepare for presentations.
♦ Present a minimum of three workshops or presentations during their term.
♦ Attend peer education planning and training sessions as requested by the State FCCLA office (approximately 6 school days).
♦ Meet all deadlines and carry their share of the responsibilities.
♦ Act professionally at all FCCLA functions (which include local to national levels).
♦ Attend National meeting and encouraged to attend Cluster meeting as requested.

NATIONAL PROGRAMS:
The program materials used by KANSAS Peer Education are produced by the National FCCLA, Inc. office and include:

♦ Stop the Violence—Shares how teens can make their world a safer place for everyone.
♦ Families First—A look at building stronger families.
♦ Financial Fitness—Shares the financial information teens need.
♦ Career Connection—Assists teens in making career decisions today that will affect their future.
♦ Families Acting for Community Traffic Safety—Stresses the importance of practicing safety when addressing traffic issues.
♦ Student Body—Keeping us healthy and well through making wise decisions about nutrition, physical fitness and wellness issues.
♦ Community Service - guides students to develop, plan, carry out, and evaluate projects that improve the quality of life in their communities.
KANSAS PEER EDUCATION TEAM MEMBER
APPLICATION FORM
Received at state office by February 8

◆ Sixteen peer education team members will be selected. Teams to be determined.
◆ Team members will be selected and notified prior to State Leadership Conference.
◆ Three applications are allowed per chapter.
◆ Candidates must be 9th grade or above during year of term.
◆ Candidates must have completed 2 semesters or 1 full year of FACS classes before accepting their peer education position* 
  (* Same requirements as for State Officer or to compete in STAR Events.)

Candidate Information: Please Type

District: ______ Chapter Name: ____________________________

Candidate Name: __________________ Guardian/Parent: ____________________

Number of years in FCCLA: _______ Current Age: ________

Candidate E-mail:
Home Mailing Address: City: Zip: 
Home Phone: Candidate Cell Phone Number: 

Advisor’s Name: Advisor’s Home Phone: 
Advisor’s E-mail: Advisor’s Cell Phone Number: 

School Mailing Address: City: Zip: 
School Phone: School Fax: 

National Programs: Indicate which programs you have experience with. (Check all that apply)

___ Stop the Violence ___ Financial Fitness
___ Families First ___ Families Acting for Community Traffic Safety
___ Community Service ___ Student Body ___ Career Connection

Written Application Guidelines:
1. Type a list including the following information (limit information to 1 page only) Do not include school, town or community (anything that would identify student’s home community) Bullet items.
   Name at top of page (this will be blackened out before judging)
   + Bullet List FACS classes taken and course length.
   + Current age and years of membership in FCCLA, and Grade in School.
   + Bullet list your participation in FCCLA at the local, district, state and national levels (including offices and peer education experience)
   + Bullet list your experiences with peer education outside of FCCLA- Community Service or Leadership Opportunities.
   + Describe in 50 words or less, why you want to be a peer ed. member.

2. Create a video 1-2 minutes in length following the guidelines provided in the “Video Guidelines” Section.

3. Candidates will be evaluated based upon peer education experiences within and outside of FCCLA, FACS classes taken, leadership within FCCLA and ability to communicate in written and oral forms. See the “Score Sheet Outline” section for more information.

4. Enclose a copy of the Chapter’s Affiliation with date and member’s name highlighted for each applicant.
**FLASH DRIVE GUIDELINES:**

1. The presentation is to be on a National program of the candidate’s choice. (see National Programs list)
2. The presentation is to be 1-2 minutes in length and begins with first audio sound, music or voice. (-2 deduction if under 1 minute or over 2 minutes in length)
3. The **Flash Drive** (must be encrypted) recording presentation must **not** include the candidate’s school, district or name as part of the script, props or background. (-2 deduction if included per occurrence)
4. Review the score sheet outline below to see the scoring for the written and video/recording as well as the deductions possible.
5. Label only the top of the **Flash Drive** with the candidate’s name and school for identification. **Do not save Flash Drive under your name so it is not seen on the screen.**
6. If the Flash Drive has a backdrop, please make it simple so as not to distract from the candidate or props.
7. Use a tripod to film so the movement of the camera is minimal.
8. If editing, make sure the change has a smooth transition.
9. Be sure to zoom in on props and displays if used.
10. Speak clearly.
11. Please review the presentation before sending to keep imperfections to a minimum.
12. If you want the **Flash Drive** returned, provide the envelope and/or mailing label with address and postage prepaid.
13. **Only an encrypted Flash Drive will be accepted.**
14. Others may assist. Limit speaking parts. (past or current Peer Ed members, district officers or state officers are not allowed).

**Other Guidelines**

15. A minimum score of 70% is required for the candidate to be considered for the peer education team. A score lower will result in disqualification.
16. Application postmarked after the deadline OR recordings submitted in wrong format will be disqualified.
17. All written documents and presentations need to be received by February 10 and sent to Kansas FCCLA, 900 SW Jackson – Suite 653, Topeka, 66612.

Helpful Hints-
√ Be Creative
√ Dress the part
√ Be comfortable in front of the camera
√ Check for good sound on more than one computer
√ Center your presentation around your interests and talents
√ Use your 2 minutes wisely
√ Show as much experience and knowledge as possible
√ Show your personality
√ Try to memorize- read off the script as little as possible
SCORE SHEET OUTLINE: Total Points Possible - 100

I. Written Materials: 40 pts
   FCCLA Experience (Local, District, State, Region, National)-------- 20 pts
   Peer Education (Within and outside of FCCLA)----------------------- 10 pts
   Format, Grammar, Punctuation, Neatness, Completeness ----------- 10 pts

II. Video Presentation: 50 pts
   Content and Knowledge of National Program------------------------ 20 pts
   Poise and Delivery------------------------------------------------ 10 pts
   Appropriate appearance according to video------------------------ 10 pts
   Creativity and Imaginative Props --------------------------------- 10 pts

III. Deductions: 10 pts
     No deductions-------- + 10 pts
     (-2 per occurrence, not to exceed a total of 10 pts.)
     Ten points will be given in full unless the following are found to apply:
     Name said or displayed in Flash Drive -2
     Name said or displayed on resume page
     (other than on top of page)
     School said or display in Flash Drive -2
     School or community included on resume page -2
     Flash drive only -2
     Timing for video under one or over 2 minutes -2
     51 or more words in essay -2
     Incomplete Application -2
     (missing documents, or information)
     Exceeds page limit -2
PEER EDUCATION TEAM MEMBER AGREEMENT

PERSONAL/FAMILY OBLIGATION

My parents and I understand the obligation of this position, the requirements to attend all meetings asked of me, and the responsibility for all personal expenses beyond those paid by the local, district, or state associations. The state or local association will not be held responsible in the event of an accident. I will allow my name and picture to be released for publicity purposes on web pages, brochures, etc. My privacy will be maintained by keeping school name, personal and school addresses, phone numbers and e-mail addresses confidential. If elected, I will serve to the best of my ability.

_______________________________  ________________________________
signature of applicant                     signature of parent/guardian

_______________________________  ________________________________
date                                      date

SCHOOL OBLIGATION

We understand the commitments inherent in this office and pledge our support and assistance if the candidate is elected. Obligations include attendance at all team meetings, some that will occur during the summer and some during the school year. By signing below, the advisor pledges to provide guidance and direction to the candidate during the term of office and understands that the local chapter and candidate must remain in good standing with the school, state, and national FCCLA offices of the association or the candidate may be removed from the position. It is understood that the local advisor, or another adult who has approval of the school district, will accompany the student member to all team related events.

We at __________________________________________ (school) realize that, should a student from our school be selected to serve on the State FCCLA Peer Education Team, he/she will be required to miss school days for workshops and presentations. The applicant, __________________________________________, has the full support of our school. It is understood that the local advisor, or another adult who has approval of the school district, will accompany the student member to all team related events.

______________________________  ________________________________
administrator’s signature                     advisor’s signature

______________________________  ________________________________
title                                      date

Note- Signatures of the building administrator and advisor where the student will be attending classes for the specified year _________ are required. If you are changing buildings due to grade level or any other reason, please be aware of this provision.

(Updated (Jan. 2018))
Kansas Family, Career & Community Leaders of America

Peer Education Team 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 peer education team member attending a local, district, state or national FCCLA activity of the Kansas Association.

I, as a Peer Education team member 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 social media contract.
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, CD Players, etc.) and will keep the items off at all times.
6. Leave any meetings without permission of an advisor.
7. Make charges to my hotel rooms and keep my hotel room clean when traveling under Kansas FCCLA.
9. Discriminate against any person due to age, race, gender, religion or sexuality.

I, as a Peer Education team member 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 advisors & 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 advisor.
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), Peer Education team meetings or trainings, Take AIM and or/ any meetings required for my 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 needed review, the Peer Education Advisory board consisting of the Peer Education current President and/or Secretary and/ or Treasurer and the State Advisor 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 determent to the activity or image of the State Association as determined by the State Officer Advisory Board.

___________________________  ____________________________________________________
Date  Parent/ Guardian Signature
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 officer: __________________________________________

Date: ________________