

STATE OFFICER CANDIDATE SUPPORT FORM

All Boxes **MUST** be checked for application to be accepted.



State Officer Candidate Commitment

If elected, I agree:

- ☐ FCCLA will be my number one priority
- ☐ It is my responsibility to perform to my very utmost and to place this obligation above school activities
- ☐ I must maintain a satisfactory scholastic average
- ☐ Attend all required meetings
- ☐ If I graduate prior to completing my term in office, I agree to put forth every effort to fulfill my duties of this office
- ☐ I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for Colorado FCCLA State Officers.
- ☐ I understand that State Officers are not permitted to drive themselves to required meetings/events
- ☐ I understand that the information that I have submitted will be shared with the State and District Interviewing Panels

Candidate Name Printed _____ Signature _____ Date _____

Parent/Guardian Support

If the student is elected, I agree:

- ☐ To support my student emotionally, physically, financially and in general, with total parental backing
- ☐ I understand my student had committed to making Colorado FCCLA their number one priority
- ☐ I have read and understand the Colorado FCCLA Bylaws and the policies and disciplinary procedures for FCCLA State Officers
- ☐ I understand that State Officers are not permitted to drive themselves to required meetings and will support them in securing transportation to and from events
- ☐ I understand that the information my student has submitted will be shared with the State and District Interviewing Panels

Parent Name Printed _____ Signature _____ Date _____

Chapter Adviser Support

If the student is elected, I agree:

- ☐ To assist my student in completing all duties assigned to my State Officer during their term of office
- ☐ To accept the responsibilities of a Local Adviser to a State Officer and will give my total support to the student during their term of office
- ☐ To monitor grade eligibility prior to required meetings
- ☐ I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers.
- ☐ I understand that State Officers are not permitted to drive themselves to required meetings and will support them in securing transportation to and from events

Adviser Name Printed _____ Signature _____ Date _____

Local Administrator Support

If the student is elected, I agree:

- ☐ I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers.
- ☐ Should my school district require a male chaperone for male candidates (officers), and a male Team Adviser does not reside within the State Staff, my school district will be required to cover the expenses for the male chaperone.
- ☐ I understand that my school is responsible for the attendance of a state officer at required events, and that may involve my coordination with transportation of the student to the meeting site

Admin Name Printed _____ Signature _____ Date _____

District Consultant Support

If the student is elected, I agree:

- ☐ The verification of this candidate and that all State Officer selection procedures have been followed.
- ☐ I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers.

District Consultant Signature _____ Date _____