

# COLORADO NATIONAL OFFICER CANDIDATE SUPPORT FORM

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



## Colorado National Officer Candidate Commitment

If approved, 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
- To serve as liaison between National FCCLA and Colorado FCCLA
- I must maintain a satisfactory scholastic average
- Attend all required National meetings and to the best of my ability, Colorado SEC 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 Officers.
- I understand that Colorado 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 \_\_\_\_\_

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## 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 FCCLA their number one priority
- I have read and understand the Colorado FCCLA Bylaws and the policies and disciplinary procedures for FCCLA Officers
- I understand that 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 \_\_\_\_\_

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## Chapter Adviser Support

If the student is elected, I agree:

- To assist my student in completing all duties assigned to my Officer during their term of office
- To accept the responsibilities of a Local Adviser to a National 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 Officers.
- I understand that 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 \_\_\_\_\_

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## 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 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 \_\_\_\_\_

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## District Consultant Support

If the student is elected, I agree:

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

District Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_