

# STATE/NATIONAL OFFICER CANDIDATE INFORMATION

Please **UPLOAD** this form via the State Officer Candidate Application Form at

<https://oregonfccla.org/state-officer-candidates/>

## STATE/NATIONAL OFFICER CANDIDATE NOMINATION FORM

Chapter: \_\_\_\_\_

Please list the name(s) of each candidate being nominated from your chapter. Note that each chapter is allowed to have three (3) State Officers serve during each term. Only ONE copy of this form should be submitted for each chapter and should include the names of all students from the chapter who are running for state or national office.

Running for office entails running At-Large, and once elected, the team will decide upon offices for President, Vice-President of Community Service, Vice President of Competitive Events, Vice-President of Development, Vice-President of Membership, Vice-President of Records, Vice-President of National Programs, and Vice-President of Public Relations.

National Officer candidates follow the same election process as State Officer candidates. The Board of Directors will conduct a final certification process following the elections on Tuesday evening.

Candidate Name	Please indicate with an X in the appropriate column below the type of office each candidate is seeking.	
	STATE OFFICER CANDIDATE	NATIONAL OFFICER CANDIDATE

\_\_\_\_\_  
Chapter Adviser Signature

\_\_\_\_\_  
Date

All forms must be received by 5:00pm PST on January 27<sup>th</sup>, 2023. Please upload forms through the State Officer Candidate Application form available here: <https://oregonfccla.org/state-officers/>

# STATE & NATIONAL OFFICER CANDIDATE AGREEMENT

Please **UPLOAD** this form via the State Officer Candidate Application Form at <https://oregonfccla.org/state-officers/>

## STATE & NATIONAL OFFICER CANDIDATE AGREEMENT SIGNATURE FORM

Adviser(s) and All School Officials Listed Below Agree To:

1. Recommend for state office only those candidates who are qualified. (See qualification information provided.)
2. Host meetings, when possible, of the state officers upon request of the Executive Director.
3. Ensure the candidate's attendance at all required Oregon FCCLA activities.
4. Permit the candidate to visit Oregon schools and participate in FCCLA chapter activities for the purpose of conducting official FCCLA state officer business.
5. Certify that the candidate has earned a GPA of 2.75 (4.0 base) or better for the term preceding the election and that officer maintains this during their term of office. The State President has earned a 3.0 GPA (4.00 base) or better for the term preceding the election and maintain this during their term of office.
6. Read the State Officer Candidate Agreement and State Officer Code of Conduct Agreement and discuss its implications with the student.
7. Host an affiliated FCCLA chapter at your school.
8. Participate in the Oregon State Executive Council (the local adviser to a state officer is an ex-officio member of this Council).

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Candidate Name, Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Adviser Signature

\_\_\_\_\_  
Chapter Adviser, Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian, Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Administrator Signature

\_\_\_\_\_  
High School Administrator, Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Coach(es) Signature

\_\_\_\_\_  
Athletic Coach(es), Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Employer(s) Signature

\_\_\_\_\_  
Candidate Employer, Printed

\_\_\_\_\_  
Date

# STATE & NATIONAL OFFICER CONDUCT AGREEMENT

Please **UPLOAD** this form via the State Officer Candidate Application Form at <https://oregonfccla.org/state-officers/>

## STATE & NATIONAL OFFICER CONDUCT AGREEMENT

This applies for the full term of office

FCCLA and related programs offer training to students with career objectives in the fields of human sciences, fashion design, culinary, business and many other fields. Because individual conduct and appearance is an aspect of this training, it becomes the responsibility of each and every participant to see that proper conduct is adhered to at all times. Violations of this conduct code will not be tolerated and may result in disqualification from competition, being sent home at the individual parent and/or guardian expense, removal from FCCLA office, forfeiture of awards, suspension from future FCCLA activities, and/or other appropriate measures.

1. Participants must abide by all rules and regulations of FCCLA, appropriate school district policies, and applicable laws and ordinances from the time he/she leaves his/her home or school for any activity and the time he/she returns to the same home or school following the activity.
2. There shall be no defacing or stealing of property. Any damages to any property or furnishing must be paid or replaced by the individual or chapter involved. Violators may be referred to the police and sent home.
3. No narcotics in any form shall be possessed or used by participants at any time, under any circumstances. Violators will be referred to the school administrator, police authorities and sent home.
4. No alcoholic beverages shall be possessed or used by participants at any time, under any circumstances. Violators will be referred to the school administrator, police authorities and sent home.
5. Possession of weapons and/or any action causing bodily harm or fear of life will not be tolerated. Violators will be referred to the school administrator, police authorities and sent home.
6. Student use of tobacco products will not be permitted from the time he/she leaves his/her home or school for any activity and the time he/she returns to the same home or school following the activity.
7. Officers will fully participate in all conference general sessions (such as opening and awards) and assigned activities as instructed by State Staff. (Including workshops, competitive events, meetings, etc.)
8. Participants should keep their adult advisers informed of their activities and whereabouts at all times. Identification badges are to be worn at all appropriate times.
9. Students of the opposite sex shall not be permitted to be in the same room unless the door is fully open so that someone in the hall may have a clear view into the room or the adviser is present.
10. Inappropriate Sexual conduct and/or behavior is prohibited
11. The Dress Code will be followed at all times.
12. Participants in the presence, and/or having direct knowledge (not hearsay or rumor) of conduct violations must immediately separate themselves from the situation and report the violation to their adviser. Failure to do so will be viewed as the equivalent to participating in the transgression.
13. Minimum penalties for violations of this conduct code may be imposed at the discretion of the adviser, state management team, and/or the Board of Advisers. Additional penalties may also be imposed at the discretion of the chapter adviser and/or school officials according to individual school district policies and guidelines.

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Student Signature

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Date

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Parent/Guardian Signature

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Date

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**Oregon Family, Career and Community Leaders of America**

Phone: 888-667-4535 | Fax: 702-939-9058

[www.oregonfccla.org](http://www.oregonfccla.org) | [www.facebook.com/oregonfccla](https://www.facebook.com/oregonfccla) | @OregonFCCLA

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# STATE & NATIONAL OFFICER TRAVEL FORM

Please **UPLOAD** this form via the State Officer Candidate Application Form at

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## STATE & NATIONAL OFFICER TRAVEL FORM

Event or Meeting Description: **All State Officer Responsibilities during Term in Office**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**All students must adhere to their local school district's student transportation policy and procedures. Please attach a copy of the district policy and forms pertaining to student travel for this event and complete the form below. All travel must be pre-approved before each event.**

\_\_\_\_ The above-named student may drive herself/himself to the above function as part of her/his official responsibilities. All travel must be pre-approved before each event by the State Director.

\_\_\_\_ The above-named student will be allowed to ride with representatives of the state association or its agents/contractors to get to or during the above function as part of her/his official responsibilities.

By signing below the parties agree to abide by all policies and information included this form:

As a school district official, my signature below verifies that the above modes of transportation are not in violation of the \_\_\_\_\_ School District student transportation policy.

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date

I agree to adhere to the above-named school transportation policy and modes of transportation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I agree to allow my child to use the above-named mode(s) of transportation and give permission for my child to attend this meeting.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# ADMINISTRATION STATEMENT OF SUPPORT

Please **UPLOAD** this form via the State Officer Candidate Application Form at

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## School Administration Statement of Support Oregon FCCLA State Officer Candidate Application

*Candidates need to secure the official endorsement of their FCCLA chapter adviser and school administrator as an officially supported state officer candidate.*

I understand that **FCCLA** is a national and state sponsored organization officially endorsed by the U.S. Department of Education and sponsored by the Oregon Department of Education as a co-curricular, integral part of Family and Consumer Sciences instruction and program.

I understand that \_\_\_\_\_ (candidate name) has been officially endorsed by our school's FCCLA chapter, our FCCLA chapter adviser, and his/her parents/guardians to seek Oregon FCCLA State Office.

I understand that if the above-named student is elected to serve as a State Officer that he/she will be required to attend meetings, leadership conferences, and education activities that occur during the regular instructional period.

Our school agrees to maintain an active local FCCLA chapter and chapter adviser/Family and Consumer Sciences teacher during the above-named student's term of service as a Oregon FCCLA State Officer.

Our school agrees to support the above-named student's duties and responsibilities as a Oregon FCCLA State Officer including approval of absences and providing chaperone(s) for Department of Education or Oregon FCCLA official functions. We also understand that it is the local chapter's responsibility to comply with any school district policies and practices regarding a state officer's participation in Oregon FCCLA official functions.

I understand that serving as a Oregon FCCLA State Officer is a position of high honor and important responsibility to our school, community, and the citizens of Oregon. Our school pledges to work in partnership with the Oregon Department of Education and Oregon FCCLA to ensure the success of the above-named student's leadership, academic, and career pursuits while serving as a State Officer.

AUTHORIZED BY:

\_\_\_\_\_  
Print Name of Administrator

\_\_\_\_\_  
Print Name of Adviser

\_\_\_\_\_  
Print Title of Administrator

\_\_\_\_\_  
Print Title of Adviser

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Signature of FCCLA Adviser

# MEDICAL AUTHORIZATION FORM

Please **UPLOAD** this form via the State Officer Candidate Application Form at

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## State Officer Emergency Medical Treatment AND Authorization Form

Name of Student: _____	Date: _____
Home Address: _____	Home Phone: _____
Parent/Guardian Daytime Phone Number: _____	Evening Number: _____
Name of High School: _____	School Phone: _____
Name of Activity: <b>All FCCLA Sponsored Activities – 2023-2024</b>	

This is to certify that *the above-named student* has my permission to attend all FCCLA sponsored activities during the above dates. I also do hereby, on the behalf of *the above-named student* absolve and release the school officials, the FCCLA chapter advisers and the FCCLA staff from any claims for personal injuries/damages/illness which might be sustained while he/she is in route to and from or during the FCCLA sponsored activity.

I authorize the above-named adviser or FCCLA staff to secure the services of a doctor or hospital for the *above-named student*. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

My student and I have read and agree to abide by the Oregon FCCLA State Officer Conduct Agreement. I also agree that the school officials, the FCCLA chapter advisers, and the state FCCLA staff have the right to send my student home from the activity at my expense, provided that in their opinion the seriousness of the violation warrants it.

### Medical Information

Known allergies (drug or natural) \_\_\_\_\_

Is student on special medication? (If so, please list) \_\_\_\_\_

Does student have a history of:  heart condition  asthma  Epilepsy?  Diabetes

Does your student have any physical restrictions or other conditions that should be known?

(If so, please list) \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RESUME

Insert Headshot Here



**Candidate Name:**

**Candidate School/Grade Level**

**Section II – FCCLA Resume**

Power of One Units	Date(s) Completed	Brief Description of Project(s)
A Better You		
Family Ties		
Working on Working		
Take the Lead		
Speak Out for FCCLA		
National Program	Date(s) Completed	Brief Description of Project(s)
Career Connection		
Community Service		
Families Acting for Community Traffic Safety (FACTS)		
Families First		
Financial Fitness		
STOP the Violence		

# RESUME

<b>Student Body</b>		
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Leadership Positions Held	Years Served	Brief Description of Responsibilities
Competitions	Date(s) Completed	Event(s) Entered and Placement
STAR Events		
Event		Date(s) and Sessions Attended
National Capitol Leadership		
Fall Leadership Conference		
National Fall Conference		
State Leadership Meeting		
National Leadership Conference		
List of Family and Consumer Sciences, Culinary, Education or related occupation courses and grade level taken		



# RESUME

**Candidate Name**

**Candidate School – Grade Level**

**Section III – Family and Consumer Sciences and Other Accomplishments/Honors**

**List other contributions made to local Family and Consumer Sciences program**

**List contributions to your school**

**List contributions to your community**

**List major honors and awards received**