

SOUTH DAKOTA OFFICER CANDIDATE INFORMATION SHEET

NAME		GRADE
CHAPTER	SCHOOL	
ADVISER	ADVISER CELL PHONE _	
SCHOOL ADDRESS		
CANDIDATE SCHOOL E-MAIL		
CANDIDATE HOME/PERSONAL E-MAIL		
CANDIDATE HOME PHONE	CELL PHONE	
FOOD ALLERGIES		
PARENT/GUARDIAN CONTACT INFOR	MATION	
NAMES		
ADDRESS		
E-MAIL		
PHONE: HOME	CELL	
SCHOOL		
PHONE		
PRINCIPAL		
SUPERINTENDENT		
Please use this candidate information sheet as the	cover for officer applications at	all levels.



South Dakota Association Family, Career and Community Leaders of America Region/State Officer Candidate Application Instructions

Please complete the following instructions for the Region/State Officer Candidate Application. Applications need to be postmarked no less than **three weeks** prior to your region meeting date.

☐ FCCLA Resume

- O Attach a professional FCCLA resume, one page only in length, typed in 11 point Times New Roman font with margins set at .75 all around, providing the below criteria:
 - Name, home address, phone, email address, school, school address, chapter, year in school, number of years in FCCLA, total years of FACS instruction.
 - List all Family and Consumer Sciences courses and grade levels when taken. Please list the course titles as they appear on your transcript.
 - List your participation in FCCLA at the local, district/region, state and national level.
 - List offices held in FCCLA.
 - List your participation in your school and community organizations.

☐ 2 Letters of Recommendation

- Provide 2 typed letters of recommendation. Each recommendation should be on a separate sheet of paper and included with the application. The recommendations must follow the below criteria:
 - A maximum of one page in length per person and double spaced.
 - One from the Chapter Adviser and the other one from a professional knowledgeable of your FCCLA and/or non-FCCLA related activities.
 - Include FCCLA leadership skills, community involvement, and academic performance.
 - Name and title of the person writing the recommendation, signed and dated.

□ Affiliation

O Attach a copy of the 2021-2022 chapter affiliation form, verifying candidate's membership.

☐ Official Transcript

- Attach an official transcript that indicates the candidate's cumulative grade point average.
- Candidate must have completed a minimum of one semester of Family and Consumer Sciences class.



	Candidate Support Form
	o Candidates must receive approval in order to run for region/state office. Candidate, chapter
	adviser, school administrator, and parent or guardian must read and sign the Candidate
	Support Form on page 3. Please have each person check all boxes, date and sign the form. If
	all boxes are not checked due to lack of support, we cannot accept your application.
	Transcript Release Parental Agreement Form
	O Parents or guardians must sign the Transcript Release Agreement Form on page 4.
	Photography & Website Consent and Release Form
	 Parents must sign the Photography Consent and Release Form on located page 4.
	Code of Conduct Agreement
_	O Candidate, chapter adviser, school administrator, and parent or guardian must read and sign
	the Code of Conduct Agreement on page 5.
	State Officer Preference
	O Complete the State Officer Preference Form located on page 6.
	State Officer Candidate Summary Sheet
	o Complete the State Officer Candidate Summary Sheet located on page 7 and send only this
	page and a wallet-sized picture to your region's chairperson.
	Make a copy of your application for your records before you submit it to
	state headquarters.
Applicat	ion postmark deadline for each region:

Region III – Dec. 29, 2021

Region IV – Nov. 17, 2021

Mail completed applications to:

Kris Brockhoft SD FCCLA State Adviser 103 Wenona Hall Box 507, SDSU Brookings, SD 57007

Region I – Jan. 5, 2022

Region II – Nov. 17, 2021

Region V– Nov. 15, 2021

Region VI – Dec. 31, 2021

Candidate Support Form

Region/State Officer Candidate Commitment If elected as a state officer, I agree to: ☐ Read and follow the SD FCCLA Code of Conduct Agreement. ☐ Attend the following meetings in addition to web meetings as needed: O State Executive Council Meetings April 12-13, 2022; June 8-9, 2022; Sept. 7, 2022, January 4, 2023 and Feb. TBA 2023 O DOE Events - CTSO Officer Training June 8-9, 2022 & Legislative Shadowing Feb. 2023 O National FCCLA Conference June 29-July 3, 2022, SanDiego, CA O Fall Leadership October 2-3, 2022 O SD State FCCLA Leadership Conference, April 23-25, 2023 O Two region meetings in addition to your specific region meeting ☐ Communicate with my school administration, adviser, chapter, and state adviser throughout the year. ☐ Attend all required FCCLA state activities and perform all assigned officer responsibilities. ☐ Devote the necessary time and effort to the work and travel requirements of a state officer. Candidate Signature Date **Region/State Officer Candidate Adviser Support** *If the student is elected to a state office I agree to:* ☐ Support the state officer if he/she is elected. ☐ Attend the SD State FCCLA Leadership Meeting April 10-12, 2022. ☐ Secure or provide appropriate transportation and chaperone for the state officer to the following: O State Executive Council Meetings April 12-13, 2022; June 8-9, 2022; Sept. 7, 2022, January 4, 2023 and Feb. TBA 2023 O DOE Events - CTSO Officer Training June 8-9, 2022 & Legislative Shadowing Feb. 2023 O National FCCLA Conference June 29-July 3, 2022, SanDiego, CA O Fall Leadership October 2-3, 2022 O SD State FCCLA Leadership Conference, April 23-25, 2023 O Two region meetings in addition to your specific region meeting ☐ Serve as a consultant to help my state officer prepare for their assigned responsibilities throughout his/her term. ☐ Monitor my officer's academic progress and serve as a liaison for school officials to keep them informed. Local Adviser Signature ___ Date **School Administrator Support** *If the student is elected to a state office I agree to:* ☐ As the school administrator, support the candidate's adviser and the state officer if he/she is elected. ☐ Allow the officer and their adviser to attend FCCLA events and activities required of a state officer. ☐ Support the adviser and the officer in his/her attendance at: O State Executive Council Meetings April 12-13, 2022; June 8-9, 2022; Sept. 7, 2022, January 4, 2023 and Feb. TBA 2023 O DOE Events - CTSO Officer Training June 8-9, 2022 & Legislative Shadowing Feb. 2023 O National FCCLA Conference June 29-July 3, 2022, SanDiego, CA O Fall Leadership October 2-3, 2022 O SD State FCCLA Leadership Conference, April 23-25, 2023 O Two region meetings in addition to your specific region meeting Title Date Administrator Signature **Parent Support** *If the student is elected to a state office, I agree to:* \square Support the state officer if he she is elected. ☐ Financially assist the student with uniform and travel. ☐ Read and support the SD FCCLA Code of Conduct Agreement. Parent Signature



Transcript Release Parental Agreement

Region/State Officer Candidate:	
Candidates must submit a school transcript as part of their care agreeing to the release of the above candidate's school	
Parent/Guardian Signature	Date
Printed Name	
Parent/Guardian Signature	Date
Printed Name	
Photography & Website Consen	t and Release Agreement
I,, hereby give SD Family, Career and Community to photograph me. I hereby grant to SD Family, Career and Communits disseminate such photographs and images, in whole or in part, or SD Family, Career and Community Leaders of America in conjun	nunity Leaders of America all rights to reproduce and altered in character or form, that will be used by the
I further grant SD Family, Career and Community Leaders of Ampictures and images through any media, for educational purposes, other lawful purposes. I also grant to SD Family, Career and Comsuch pictures and images in its own name or to publish, to market	art, entertainment, advertising of, and internal use for imunity Leaders of America the right to copyright
I hereby waive the rights or interests that I may have in the pictur approve the finished photographs and images or the use of which	
I expressly release SD Family, Career and Community Leaders of assigns from and against any and all claims which I have or may lease of action arising out of the production, distribution, publication	have for invasion of privacy, defamation or any other
Parent/Guardian Signature	Date
Candidate Signature	_Date



Officer Code of Conduct Agreement

If serving as a State Officer, I will assume the additional duties of State Officer outlined in the Bylaws of the South Dakota Association of Family, Career and Community Leaders of America and I will fulfill the following expectations.

State Officers represent all members of the State Association and are looked to by members as an example and a leader. Applicants for Region/State Officer should consider each of the following statements carefully before signing the application, as this is a conditional privilege. We recognize that the privilege can be withdrawn by the Disciplinary Committee in their discretion, at any time.

To be considered a candidate for the office of Region/State Officer, this agreement must accompany the Region/State Officer Application. By signing this agreement, I will:

- 1. Commit to serve the Association by role modeling professional and responsible behavior at all times.
- 2. Conscientiously serve the Association and assist and encourage FCCLA members and chapters to take an active part in the organization, school and community.
- 3. Set an example for members of the State Association as a good student, courteous person and a responsible citizen.
- 4. Represent the State Association credibly at meetings, banquets and other gatherings when asked to do so, speaking clearly, concisely and enthusiastically, using proper grammar at all times.
- 5. Thoroughly familiarize myself with the constitution and policies of the organization, parliamentary procedure, and the total family and consumer sciences education program.
- 6. Strive to maintain a good working relationship between FCCLA and the public.
- 7. Attend all FCCLA State Executive Council meetings including the FCCLA National Leadership Conference. (I will be responsible for expenses which could amount to as much as \$1,500 for the National Leadership Conference. Candidate and/or chapter should be fully committed to paying the total sum when the candidate runs for office.)
- 8. Strive to improve my leadership ability and give as much time as required to carry out my duties as a Region/State Officer during the term.
- 9. Make regular appointments to confer with my local chapter adviser to maintain communication regarding region and state-level matters.
- 10. In addition, I understand that any action detrimental to the FCCLA image will not be tolerated and may result in disciplinary action by the State FCCLA Disciplinary Committee up to and including dismissal from the organization.

By signing below, I recognize that I am committing myse	If to the responsibilities above.
Candidate	Date
Verification: We have reviewed the application for SD FC our cooperation in carrying out the responsibilities of the	CCLA Region/State Officer. If elected, the applicant will have office to the best of his/her ability.
Parent/Guardian	Date
Local Adviser	Date
Administrator	Date



Officer Preference Form

l,	, hereby place my name in	nomination for the following office(s). Rank the
	order of interest 1 = highest interest thru 6 = least i		
found in the s	state constitution, Article V, Section 1-4.		
	President		
	First Vice-President		
	Vice-President of Membership		
	Vice-President of Public Relations		
	Vice-President of Programs		
	Vice-President of Recognition		
G 1:1 . G:		D /	
Candidate Sig	gnature	Date	
Local Adviser	r Signature	Date	
2000111011501			
			_
Officer Cand	lidate Summary Sheet Instructions		
	Officer Candidate Summary Sheet on page 7 to in-	elude with officer application sent to s	tate
_	with a wallet-sized photograph of candidate.	**	
NOTE: Send	ONLY a copy of the completed Officer Candidate	Summary form (page 7) and a wallet-s	sized
picture to you	r Region President no later than the date listed below	ow. (Must be postmarked 3 weeks price	or to date
of region mee	-	•	
_	-		
Region I—Jar	nuary 5, 2022		
Region II—N	Tovember 17, 2021		
Region III—I	December 29, 2021		
Region IV—N	November 17, 2021		
•	Jovember 15, 2021		
Region VI – I	December 31, 2021		



2022-2023 Region/State Officer Candidate Summary Sheet

Name of Candidate _	lame of CandidateChapter					
School E-Mail Addre	ss	ss Adviser's Name				
Number of Years in F	CCLA		Cı	irrent Ye	ar in Scho	ol
Check all that apply: (Count only activitie	s attended	as an FCC	LA member	r)	
State Peer Education: Leadership Teams:	□Trends Team	☐ National Outreach Team ☐ Advocacy Team ☐ Teens As Teachers – National Program Training				
Power of One Modules:	☐ A Better You ☐ Take the Lead		amily Ties peak Out f			☐ Working on Working
National Fall Conferences	Attended:	□ 2017	□ 2018	□ 2019	□ 2020	□ 2021
Capitol Leadership Confer	ences Attended:	□ 2017	□ 2018	□ 2019	□ 2020	□ 2021
National Leadership Confe	rences Attended:	□ 2017	□ 2018	□ 2019	□ 2020	□ 2021
Attended: Rookie	Training (Year)		□ Power	Training (Year)	_
Step One Completed: \Box	Yes (Year)	<u> </u>	□ No			
List the offices you held	d, STAR Events	you com	peted in,	and cont	ributions 1	to FCCLA below.
Local:						
Region:						
State:						
National:						
Community Involveme	nt•					
Community Involvement.						

Include this form with officer application and photograph being sent to state office. Send ONLY a copy of this form and a wallet-sized picture to the Region President as per instructions on page 6.