

SOUTH DAKOTA OFFICER CANDIDATE INFORMATION SHEET

NAME	GRADE	
CHAPTER	SCHOOL	
ADVISER	ADVISER CELL PHONE	
SCHOOL ADDRESS		
SCHOOL E-MAIL		
HOME ADDRESS		
HOME PHONE	CELL PHONE	
FOOD ALLERGIES		
PARENTS		
NAMES		
ADDRESS		
E-MAIL	PHONE	
SCHOOL		
PHONE		
PRINCIPAL		
SUPERINTENDENT		



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

Please complete the following instructions for the State Junior High Representative Officer Candidate Application. Complete and send all pages of application. Applications need to be postmarked on or before March 1, 2024.

□ 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, 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

 Attach a copy of the 2023-2024 chapter affiliation form highlighting the candidate's name to verify candidate's membership.

☐ Official Transcript

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



Ш	Car	ndidate Support Form
	0	Candidate, chapter adviser, school administrator, and parent or guardian must read and sign
		the Candidate Support Form on page 3. Candidate must receive approval in order to run for
		state office. Please have each person check all boxes and they must include a signature and
		date. If all boxes are not checked due to lack of support, your application will not be
		accepted.
_		
Ш	Tra	inscript Release Parental Agreement Form
	0	Parents or guardians must sign the Transcript Release Agreement Form on page 4.
	Pho	otography & Website Consent and Release Form
	0	Parents must sign the Photography Consent and Release Form on located page 4.
	Coc	de of Conduct Agreement
	0	Candidate, chapter adviser, school administrator, and parent or guardian must read and sign
		the Code of Conduct Agreement on page 5.
	Sta	te Officer Candidate Summary Sheet
	0	Complete the State Officer Candidate Summary Sheet located on page 6.
	Ma	ke a copy of your application for your records before you submit it to
	stat	te headquarters.

Application postmark deadline: March 1, 2024

Scan completed application, save a digital copy, and mail completed applications to:

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



CANDIDATE SUPPORT FORM

State Junior High Officer Candidate Commitment If elected as a state officer. I agree to:

If elected as a state officer, I agree to:		
☐ Read and follow the SD FCCLA Code of Conduct A	-	
☐ Attend the following meetings in addition to virtual n	e e	
O State Leadership Conference and Executive Cou 2025, and Feb.3, 2025	uncil Meetings April 21-23,	2024; June 10-11, 2024; Sept. 4, 2024, January 8,
O DOE Events - CTSO Officer Training June 10-		rience (Legislative Shadowing) Feb.4-5, 2025
O National FCCLA Conference June 29-July 3, 20	24, Seattle, WA	
O Fall Leadership Training October 6-7, 2024		
O SD State FCCLA Leadership Conference, April		
O Attend one region meeting in addition to your sp		
☐ Communicate with my school administration, advised		
☐ Attend all required FCCLA state activities and perform	_	•
☐ Devote the necessary time and effort to the work and	travel requirements of	a state officer.
State Officer Candidate Signature		Date
State Junior High Officer Candidate Adviser S	<u>upport</u>	
If the student is elected to a state office, I agree to:		
☐ Support the state officer if elected.		
☐ Attend the SD State FCCLA Leadership Meeting Ap		
☐ Secure or provide appropriate transportation and chap		
O State Leadership Conference and Executive Cou 2025, and Feb.3, 2025		
O DOE Events - CTSO Officer Training June 10-		rience (Legislative Shadowing) Feb.4-5, 2025
O National FCCLA Conference June 29-July 3, 20	24, Seattle, WA	
O Fall Leadership Training October 6-7, 2024	26.20.2025	
 O SD State FCCLA Leadership Conference, April O Attend one region meeting in addition to your sp 		
☐ Serve as a consultant to help my state officer prepare		onsibilities throughout officer term
☐ Monitor my officer's academic progress and serve as		
State Officer Candidate 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		
\square Allow the officer and their adviser to attend FCCLA		quired of a state officer.
☐ Support the adviser and the officer in his/her attendar		
O State Leadership Conference and Executive Cou 2025, and Feb.3, 2025		
O DOE Events - CTSO Officer Training June 10-		rience (Legislative Shadowing) Feb.4-5, 2025
O National FCCLA Conference June 29-July 3, 20	24, Seattle, WA	
O Fall Leadership Training October 6-7, 2024	2 (22 222	
O SD State FCCLA Leadership Conference, April		
O Attend one region meeting in addition to your sp Support the state officer candidate adviser in his/her		ng their attendance at required events.
Administrator Signature	-	·
Parent Support		
If the student is elected to a state office, I agree to:		
☐ support the state officer if elected.		
☐ support the state officer if elected. ☐ financially assist the student officer with uniform and	d travel	
☐ read and support the SD FCCLA Code of Conduct A		
		D .
Parent Signature		Date

Page 3



Transcript Release Parental Agreement

State Junior High Officer Candidate:	
Candidates must submit a school transcript as part of the are agreeing to the release of the above candidate's school	**
Parent/Guardian Signature	Date
Printed Name	
Parent/Guardian Signature	Date
Printed Name	
Photography & Website Cons	sent and Release Agreement
I,, hereby give SD Family, Career and Commun to photograph me. I hereby grant to SD Family, Career and Co disseminate such photographs and images, in whole or in part, SD Family, Career and Community Leaders of America in con	ommunity Leaders of America all rights to reproduce and , or altered in character or form, that will be used by the
I further grant SD Family, Career and Community Leaders of pictures and images through any media, for educational purpo other lawful purposes. I also grant to SD Family, Career and C such pictures and images in its own name or to publish, to man	ses, art, entertainment, advertising of, and internal use for Community Leaders of America the right to copyright
I hereby waive the rights or interests that I may have in the pid approve the finished photographs and images or the use of wh	
I expressly release SD Family, Career and Community Leader assigns from and against any and all claims which I have or m case of action arising out of the production, distribution, public	nay 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, always using proper grammar.
- 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 myself to the responsibilities above.				
Candidate	Date			
Verification: We have reviewed the application cooperation in carrying out the responsibilities	for SD FCCLA State Officer. If elected, the applicant will have our of the office to the best of his/her ability.			
Parent/Guardian	Date			
Local Adviser	Date			
Administrator	Date			



2024-2025 State Junior High Representative Officer Candidate Summary Sheet

Name of Candidate _					
Chapter			Number of Years in FCCLA		
Current Year in Scho	ool				
Check all that apply:	(Count only activitie	s attended	as an FCCLA member)		
Leadership Teams:	□Trends Team		☐ National Outreach Tea	am	☐ Advocacy Team
Power of One Modules:	☐ A Better You ☐ Take the Lead		☐ Family Ties ☐ Speak Out for FCCLA		☐ Working on Working
National Fall Conferen	ces Attended:	□ 2021	□ 2022	□ 2023	
National Leadership Con	ferences Attended:	□ 2021	□ 2022	□ 2023	
Attended:	okie Training (Year)		Power Train	ning (Year) _	
Step One Completed:	☐ Yes (Year)		□ No		
List the offices you he	ld, STAR Events	you com	peted in, and contribu	itions to 1	FCCLA below.
Local:					
Region:					
State:					
National:					
- 10021/11011					
Community Involvem	ent:				