



SOUTH DAKOTA OFFICER CANDIDATE INFORMATION SHEET

NAME _____ CURRENT_GRADE _____

CHAPTER _____ SCHOOL _____

ADVISER _____ ADVISER CELL PHONE _____

SCHOOL ADDRESS _____

SCHOOL E-MAIL _____

HOME ADDRESS _____

HOME/PERSONAL E-MAIL _____

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 10, 2025. Scan and email copy of application before mailing

FCCLA Resume

- 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 2024-2025 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.



- Candidate Support Form**
 - 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.**

- Transcript Release Parental Agreement Form**
 - 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**
 - Candidate, chapter adviser, school administrator, and parent or guardian must read and sign the Code of Conduct Agreement on page 5.

- State Officer Candidate Summary Sheet**
 - Complete the State Officer Candidate Summary Sheet located on page 6.

- Make a copy of your application for your records before you mail hard copy to state headquarters.**

- Scan completed application, print to PDF and email to Kristine.Brockhoff@lakeareatech.edu.**

Application postmark deadline: March 10, 2025

Scan completed application, print to PDF, email PDF to Kristine.Brockhoff@lakeareatech.edu, and mail hard copy of completed applications to:

Kris Brockhoff
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:

- Read and follow the SD FCCLA Code of Conduct Agreement.
- Attend the following meetings in addition to virtual meetings as needed:
 - State Leadership Conference and Executive Council Meetings April 27-29, 2025; June 10-11, 2025; Sept. 3, 2025, January 7, 2026, and Feb. 3-4, 2026
 - DOE Events - CTSO Officer Training June 10-11, 2025, Dakota Dreams Camps-Summer 2025, & Capitol City Experience (Legislative Shadowing) Feb. 3-4, 2026
 - National FCCLA Conference July 5-9, 2025, Orlando, FL
 - Fall Leadership Training October 5-6, 2025
 - SD State FCCLA Leadership Conference, April 26-28, 2026
 - Attend one region meeting in addition to your specific region meeting to serve on officer selection team
- Communicate with my school administration, adviser, chapter, state chapter adviser, and state adviser throughout the year.
- Attend all required FCCLA state activities and perform all assigned officer responsibilities in a timely manner.
- 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 Support

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 April 27-29, 2025.
- Secure or provide appropriate transportation and chaperone for the state officer to the following:
 - State Leadership Conference and Executive Council Meetings April 27-29, 2025; June 10-11, 2025; Sept. 3, 2025, January 7, 2026, and Feb. 3-4, 2026
 - DOE Events - CTSO Officer Training June 10-11, 2025, Dakota Dreams Camps-Summer 2025, & Capitol City Experience (Legislative Shadowing) Feb. 3-4, 2026
 - National FCCLA Conference July 5-9, 2025, Orlando, FL
 - Fall Leadership Training October 5-6, 2025
 - SD State FCCLA Leadership Conference, April 26-28, 2026
 - Attend one region meeting in addition to your specific region meeting to serve on officer selection team
- Serve as a consultant to help my state officer prepare for their assigned responsibilities throughout officer term.
- Monitor my officer’s academic progress and serve as a liaison for school officials to keep them informed.

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 adviser and the state officer if 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:
 - State Leadership Conference and Executive Council Meetings April 27-29, 2025; June 10-11, 2025; Sept. 3, 2025, January 7, 2026, and Feb. 3-4, 2026
 - DOE Events - CTSO Officer Training June 10-11, 2025, Dakota Dreams Camps-Summer 2025, & Capitol City Experience (Legislative Shadowing) Feb. 3-4, 2026
 - National FCCLA Conference July 5-9, 2025, Orlando, FL
 - Fall Leadership Training October 5-6, 2025
 - SD State FCCLA Leadership Conference, April 26-28, 2026
 - Attend one region meeting in addition to your specific region meeting to serve on officer selection team
- Support the state officer candidate adviser in his/her responsibilities, including their attendance at required events.

Administrator Signature _____ Title _____ Date _____

Parent Support

If the student is elected to a state office, I agree to:

- support the state officer if elected.
- financially assist the student officer with uniform and travel.
- read and support the SD FCCLA Code of Conduct Agreement.

Parent Signature _____ Date _____



Transcript Release Parental Agreement

State Junior High Officer Candidate: _____

Candidates must submit a school transcript as part of their candidate application. By signing this form, you are agreeing to the release of the above candidate's school transcript to SD FCCLA.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

Photography & Website Consent and Release Agreement

I, _____, hereby give SD Family, Career and Community Leaders of America the absolute right and permission to photograph me. I hereby grant to SD Family, Career and Community Leaders of America all rights to reproduce and disseminate such photographs and images, in whole or in part, or altered in character or form, that will be used by the SD Family, Career and Community Leaders of America in conjunction with presentations, programs, and publications.

I further grant SD Family, Career and Community Leaders of America all rights to make further reproductions of such pictures and images through any media, for educational purposes, art, entertainment, advertising of, and internal use for other lawful purposes. I also grant to SD Family, Career and Community Leaders of America the right to copyright such pictures and images in its own name or to publish, to market, and to assign without compensation or report to me.

I hereby waive the rights or interests that I may have in the pictures or images, including my rights to inspect and/or approve the finished photographs and images or the use of which it may be applied so long as its use shall be lawful.

I expressly release SD Family, Career and Community Leaders of America, their agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other case of action arising out of the production, distribution, publication, and exhibition of the photographs and images.

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 for SD FCCLA State Officer. If elected, the applicant will have our cooperation in carrying out the responsibilities of the office to the best of his/her ability.

Parent/Guardian _____ Date _____

Local Adviser _____ Date _____

Administrator _____ Date _____



2025-2026 State Junior High Representative Officer Candidate Summary Sheet

Name of Candidate _____

Chapter _____ Number of Years in FCCLA _____

Current Year in School _____

Check all that apply: (Count only activities attended as an FCCLA member)

Leadership Teams: Trends Team National Outreach Team Advocacy Team

Power of One Modules: A Better You Family Ties Working on Working
 Take the Lead Speak Out for FCCLA

National Fall Institute Attended: 2022 2023 2024

National Leadership Conferences Attended: 2022 2023 2024

Attended: Rookie Training (Year) _____ Power Training (Year) _____

Step One Completed: Yes (Year) _____ No

List the offices you held, STAR Events you competed in, and contributions to FCCLA below.

Local:

Region:

State:

National:

Community Involvement: