



## SOUTH DAKOTA OFFICER CANDIDATE INFORMATION SHEET

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHAPTER \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADVISER \_\_\_\_\_ ADVISER CELL PHONE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

SCHOOL E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME/PERSONAL E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### ***PARENTS***

NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### ***SCHOOL***

PHONE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

Please use this candidate information sheet as the cover for officer applications at all levels.

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**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. Complete and send all pages of application. Applications need to be postmarked no less than **three weeks** prior to your region meeting date.

**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, 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**

- Attach a copy of the 2016-2017 chapter affiliation form highlighting the candidate's name to verify 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 classes.



- Candidate Support Form**
  - 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**
  - 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 Preference**
  - Complete the State Officer Preference Form located on page 6.
  
- State Officer Candidate Summary Sheet**
  - Complete the State Officer Candidate Summary Sheet located on page 7. Submit to state office and **send only this page and a wallet-sized picture to your Region President.**
  
- Make a copy of your application for your records before you submit it to state headquarters.**

**Application postmark deadline for each region:**

Region 1 – Jan. 16, 2017

Region 3 – Jan. 4, 2017

Region 5 – Nov. 16, 2016

Region 2 – Nov. 23, 2016

Region 4 – Nov. 16, 2016

Region 6 – Jan. 2, 2017

**Mail completed applications to:**

Kris Brockhoft  
SD FCCLA State Adviser  
103 Wenona Hall  
SDSU, Box 0507  
Brookings, SD 57007

## 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:
  - State Executive Council Meetings April 5-6, 2017; June 5-6, 2017; Sept. 13, 2017; and Feb. 2018
  - CTSO Officer Training June 5-6, 2017 & Legislative Shadowing Feb. 2018
  - National FCCLA Conference July 2-6, 2017
  - Fall Leadership October 1-2, 2017
  - SD State FCCLA Leadership Meeting April 8-10, 2018
  - 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 \_\_\_\_\_

### District/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 24-27, 2016.
- secure or provide appropriate transportation and chaperone for the state officer to the following:
  - State Executive Council Meetings April 5-6, 2017; June 5-6, 2017; Sept. 13, 2017; and Feb. 2018
  - CTSO Officer Training June 5-6, 2017 & Legislative Shadowing Feb. 2018
  - National FCCLA Conference July 2-6, 2017
  - Fall Leadership October 1-2, 2017
  - SD State FCCLA Leadership Meeting April 8-10, 2018
  - 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:
  - State Executive Council Meetings April 5-6, 2017; June 5-6, 2017; Sept. 13, 2017; and Feb. 2018
  - CTSO Officer Training June 5-6, 2017 & Legislative Shadowing Feb. 2018
  - National FCCLA Conference July 2-6, 2017
  - Fall Leadership October 1-2, 2017
  - SD State FCCLA Leadership Conference April 8-10, 2018
  - Two region meetings in addition to your specific region meeting

Administrator Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Parent Support

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

- 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 \_\_\_\_\_ Date \_\_\_\_\_



### Transcript Release Parental Agreement

Region/State 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, 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 myself to the responsibilities above.

Candidate \_\_\_\_\_ Date \_\_\_\_\_

Verification: We have reviewed the application for SD FCCLA Region/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 \_\_\_\_\_



### Officer Preference Form

I, \_\_\_\_\_, hereby place my name in nomination for the following office(s). Rank the offices in the order of interest 1 = highest interest thru 6 = least interest. More information about each office can be found in the 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

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

Local Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### Officer Candidate Summary Sheet Instructions

Complete the Officer Candidate Summary Sheet on page 7. Submit to state office and **send ONLY the completed page and a wallet-sized picture to your Region President** no later than the date listed below.

- Region 1—Jan. 16, 2017
- Region 2—Nov. 23, 2016
- Region 3—Jan. 4, 2017
- Region 4—Nov. 16, 2016
- Region 5—Nov. 16, 2016
- Region 6 – Jan. 2, 2017



### 2017-2018 Region/State 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)**

State Peer Education/  
Leadership Teams:     Career Team                       Community Team                       Family Team  
    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

Cluster Meetings Attended:     2012                       2013                       2014                       2015                       2016

National Leadership Conferences Attended:     2012                       2013                       2014                       2015                       2016

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:**

**District/Region:**

**State:**

**National:**

**Community Involvement:**

Send **ONLY** this form and a wallet-sized picture to the Region Chairperson as per instructions on page 6.