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Description automatically generatedRegional Officer Application**

2023-2024

***All officer candidates:*** *complete this application digitally, obtain your signatures of assurance, and submit to the FCCLA State Adviser via the following Google Form:* [*https://forms.gle/qgg7pT94XAe1f1a36*](https://forms.gle/qgg7pT94XAe1f1a36)

**Candidate Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-School Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: Choose an item. Chapter & ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adviser Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate Preferences:**

Region: Choose an item. Interested in Dropping Down: Choose an item.

**Checkmark the offices which you would be interested in serving:**

National Officer Candidate  State Officer Candidate  Region President

First Vice President  Vice President of Public Relations  Vice President of Community Service

Vice President of Membership  Vice President of Parliamentary Law

**Candidate Statements of Assurance:**

I have read the Arkansas FCCLA Regional Policies and understand the duties of the office which I am seeking. I agree to carry out my responsibilities to the best of my ability, while giving priority to FCCLA Activities. I will adhere to the FCCLA Official Dress code and attend all required meetings that are required of my office position.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Parent/Guardian Statement of Assurance:**

I have read and understand the duties which my child will be required to uphold should they be elected. My child has my permission and support to run for an FCCLA Officer position.

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Parent/Guardian Signature Date

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2023-2024

*Candidate, please complete the following responses to the best of your ability. Please be thorough and detailed while answering the questions.*

1. Describe your FCCLA involvement within your local chapter (National Program, Community Service, etc.).
2. Describe your FCCLA involvement within your region (STAR Events, National Program, Community Service, etc.).
3. Describe your FCCLA Involvement at the state level (STAR Events, National Program, Community Service, etc.).
4. Describe your FCCLA involvement at the National level (STAR Events, National Program, Community Service, etc.).
5. What is the most significant contribution Family, Career and Community Leaders of America has made to you and/or your family?

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*Candidate, please complete the following responses to the best of your ability. Please be thorough and detailed while answering the questions.*

1. List five leadership responsibilities you have had within school organizations other than Family, Career and Community Leaders of America.
2. Explain five ways you have participated in community service activities within your chapter, community, region, and/or state.

**Adviser Statement of Assurance:**

I feel this candidate is qualified to hold an FCCLA office position and shall give my support and assistance as needed should they be elected. I confirm this student was affiliated last year and I agree to affiliate my chapter by November 1st of the upcoming year. I understand that if affiliation is not completed by the stated deadline the student will forfeit their office position. I also understand that any financial obligations are those of the chapter and/or school district.

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Adviser Signature Date

**School Administrator Statement of Assurance:**

I feel this candidate is qualified in their leadership capability, citizenship, and attendance responsibilities to hold the national/state/regional office position which they are running form. I understand this will require the officer candidate and adviser to be gone during the school year (total number of days depends on office position) as well as the financial burden that may occur with the office position. I assure, this candidate has my support to grow in their leadership abilities.

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School Administrator Signature Date