



Arkansas State Officer Application 2022-2023



Candidate's Name:

Candidate's Membership ID Number:

Current Grade Level:

Gender:

Date of Birth:

School:

School Email Address:

Personal Email Address:

Home Address:

Cell Phone Number:

Chapter Adviser Name:

Adviser Email:

Number of Years in FCCLA:

Unweighted GPA:

Family and Consumer Sciences courses taken:

	7th	8th	9th	10th	11th	12th
First-year possible to join FCCLA in your school						

Conferences attended and grade(s) attended. Check all that apply

Capitol Leadership						
Fall Leadership Conference						
National Leadership Conference						
Power of One						
AR State STAR Event Competitor/Judge/Volunteer						
AR State Leadership Conference						
District STAR Event Competitor/ Judge/ Volunteer						
District Leadership Conference						
Fall Planning and Election Meeting						

Open Response

Directions: Complete each question completely in the space provided.

1. Which FCCLA purpose most reflects your involvement in FCCLA?

2. Explain your involvement in a National Program completed by your chapter.

3. What role do you think that FCCLA should play in your community, state and nation?

4. Name one leadership experience you have had and how that has allowed you to grow as a leader.

5. Explain a time when your leadership positively impacted another person.

State Officer Candidate Pledge:

I, _____ pledge to the Arkansas Association of Family, Career and Community Leaders of America the following:

- To fulfill the duties of my specific office and the general duties of state officers, as described in the handbook,
- To come prepared to all council meetings and other functions,
- To make the office to which elected first priority this year,
- To comply with the state officers' Code of Conduct and Dress Code, as well as all policies of the association,
- To maintain my overall scholastic average of 2.5 or above,
- To fulfill all responsibilities under the direction of my local adviser,
- To conduct myself as a leader and in a manner befitting a state officer, realizing that I am an example at all times for members statewide. If I should fail to do so, I understand that I may be relieved of the office.

Arkansas FCCLA Officer Agreement

Directions: Please read carefully and sign, signifying your willingness to follow all of the rules.

The following agreement must be followed by any person serving as a State Officer for the Arkansas Association of Family, Career and Community Leaders of America at any level.

As an Officer:

1. I will accept the authority of my adviser and any authorized adult in charge of the FCCLA event.
2. I will attend all required meetings for the entire time and will make arrangements to report to my chapter, district, state adviser, or any designated individual(s) ready to participate.
3. I will be courteous at all times and respect others and the majority decision. This will include other officers, guest speakers, workshop presenters, other participants, and our nation's flag.
4. I will adhere to any rules set by the motel/hotel property and respect the rights of other guests.
5. I will not purchase, possess or be under the influence of alcohol, tobacco, or illegal drugs at any time, including mock cocktails.
6. I will not purchase or have in my possession any kind of fireworks/firearms at any FCCLA event.
7. I will be appropriately dressed at all FCCLA events in accordance with the professional FCCLA dress code and the school's dress code policy.
8. I will be in my hotel room at the designated time set by my adviser or the state.
9. I will be with at least 2–3 members of the delegation at all times.
10. I will not have members of the opposite gender in my hotel room at any time – unless an adult is present.
11. I will not participate in PDA (Public Display of Affection).
12. I will be present at the June Officer Training and ONLY under pre-approved circumstances may I be allowed not to attend or miss any part of the training/planning.
13. I understand that my duties as an officer are not over until after the State Conference has concluded.
14. I will conduct myself, individually or collectively, in good faith while maintaining a high level of ethical and professional behavior.
15. I will utilize opportunities to increase public awareness of Family and Consumer Sciences and FCCLA, and keep informed about developments of the organization.
16. I will use FCCLA resources only for the purpose for which they are intended.
17. I will not post any inappropriate pictures/graphics/language to any social media account that may jeopardize the image of FCCLA officers, staff, and the organization as a whole.
18. I understand that any sexual misconduct, regardless of gender, will not be tolerated.
19. I will be required to purchase all the official dress as determined by the state adviser. Purchases must be made through the National FCCLA supplier (with the exception of shoes).

Candidate signature and date

Parent/Guardian signature and date

Arkansas FCCLA Adviser Agreement

As an adviser:

1. I will attend all required meetings/training with my officer.
2. I am aware that my officer and I will need to travel to other district meetings, other than my own, and understand that Arkansas FCCLA will not be responsible for the cost of the hotel, food, or travel for either myself or my officer.
3. I am aware that my officer is required to attend an Executive Council Meeting in May and September, as well as their District Leadership Meeting, CTSO Day at the State Fair (October), CTE Day at the Capitol (February), the State Leadership Conference, Capitol Leadership, National Fall Leadership Conference and the National Leadership Conference.
4. I understand that my officer's duties are not over until May 1.
5. I will assist my officer in all of their duties throughout the year, including overseeing their FCCLA correspondence and holding them accountable to deadlines.
6. I will utilize opportunities to increase public awareness of Family and Consumer Sciences and FCCLA, and keep informed about developments of the organization.
7. I will not post any inappropriate pictures/graphics/language to any social media account.
8. I will keep my administration informed of all meetings and travel, as well as the officer's responsibilities.

Any infraction of the officer's rules will not be tolerated and should ANY rule be broken, the school and parents will be called and arrangements will be made to send the officer home immediately.

If for any reason, the officer must return home early, any additional cost must be assumed by the parents/guardians. The cost will include total repayment for my attendance at the meeting and the officer will relinquish all officer responsibilities. Additional infractions may result in removal of office.

Chapter Adviser signature and date

School Administrator signature and date



Release Form

I, _____, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products (“my/child’s information”) without payment or any other consideration.

I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child’s information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child’s information will become property of ADE and will not be returned.

Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, hereby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child’s information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

Parent’s Name or Adult (Please print.)

Child’s Name or
Children’s Names (Please print.)

Signature of Parent or Adult (Please sign in cursive.)

Date