



# 2009 STATE OFFICER CANDIDATE APPLICATION FORM

Colorado Association of Family, Career and Community Leaders of America

COMPREHENSIVE     OCCUPATIONAL    DATE \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** The candidate must currently be a freshman, sophomore or junior. **MUST BE TYPED.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Chapter/School: \_\_\_\_\_ FCCLA District: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City Zip

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Present Grade In School: \_\_\_\_\_

Adviser Name: \_\_\_\_\_

School Phone: \_\_\_\_\_ Adviser Home Phone: \_\_\_\_\_

Adviser Cell Phone: \_\_\_\_\_

SCHOLASTIC ACHIEVEMENT: Grade Point Average: \_\_\_\_\_

Official Signature or Stamp \_\_\_\_\_  
Counselor or Registrar Signature

Please attach a **resume** that lists your leadership qualifications, FCCLA contributions and extra curricular activities. Use 10-12 point font and limit resume to 1 page. You do not need to include education, work experience or references.

State Officer Candidate \_\_\_\_\_

List from 1 – 13 your order of preference of office, with 1 being your first choice.

- |    |     |
|----|-----|
| 1. | 8.  |
| 2. | 9.  |
| 3. | 10. |
| 4. | 11. |
| 5. | 12. |
| 6. | 13. |
| 7. |     |

**President** - Shall be chairperson of the FCCLA State Officer Team, and shall appoint special committees, with the advice and consent of the CTSO Specialist, and shall be an ex-officio member of all committees. Shall preside at State FCCLA meetings, FCCLA Officer Team meetings and at Executive Council meetings, as designated by the CTSO Specialist. Shall contact the State Office one week prior to meetings to review agenda items and specific responsibilities.

**First Vice President** – Shall perform the duties of the President during the absence or disability or on the request of the President. Shall receive mid-year reports and final reports for the State Officer projects and prepare a summary sheet for the set of reports to be given at the Fall Planning Meeting and the State FCCLA Leadership Conference. Shall serve as Chairperson of the Bylaws Committee.

**Second Vice President** – Shall assist the President, represent Colorado at the National Leadership Meeting as a voting delegate, promote membership in the National FCCLA Alumni and Associates Association and keep a record of the current Colorado Alumni and Associates, and shall assume the duties of any office other than President in the event of a resignation.

**Secretary** – Shall take and prepare minutes of all Executive Council meetings and all official meetings; turn in rough draft of these minutes to State Office no later than two weeks after said meeting. At the end of the term of office, the Secretary shall be responsible for collecting copies of the minutes, financial reports, and other materials deemed necessary for historical purposes.

**Vice President of Events** - Shall promote participation in STAR and State Events, work with the state coordinator of these events; provide input into revision of these events and attend meetings regarding these events. Shall also serve as a host/hostess at the State Leadership Conference. Shall serve as Chairperson of the STAR and State Events Committee. NOTE: It is recommended that the VP of Events have participated in a STAR Event at the State Level or beyond.

**Vice President of Finance** - Shall keep a close communication with the State Office concerning financial records, report the financial status of the organization at all meetings, and attend the audit committee meeting. Shall keep financial records for historical purposes and promote any national financial program.

**Vice President of Membership** - Shall promote membership and report at all Executive Council meetings and to the national level on the status of the state's membership, promote national membership program and may serve as a voting delegate at the National Leadership Meeting. Shall also serve as National Committee Member at the National Leadership Meeting. Shall serve as Chairperson of the Chapter Handbook Committee.

**Vice President of Peer Education** - Shall provide leadership in planning and implementing the organization's peer education programs and training throughout the state.

**Vice President of Programs** - Shall serve as liaison between the Colorado State organization and the National Organization to promote national programs and projects as established by the National Office.

**Vice President of Public Relations** - Shall promote the Colorado Association and its Program of Work, prepare news releases relating to conferences and organize any necessary media presentations for the State Leadership Conference. Shall serve as media relations resource for chapters.

**Vice President of Publications** - Shall prepare the issues of the *Colorado Comments* and submit articles to *Teen Times*, assist in preparation of the state publications and request a summary from districts of activities to be reported on at the State Executive Council meetings.

**Vice President of Recognition** - Shall serve as a member of the screening committee for State Recognition Awards and Corporate Sponsor Recognition, recommend revisions for procedures, and assist with the recognition of national programs.

**State Representative(s)** - Shall act as a liaison from their respective district(s) and assist the State Officer Team with all of their duties.

# COLORADO FCCLA STATE OFFICER CANDIDATE RESPONSIBILITY AND QUALIFICATION SIGNATURE SHEET

STUDENT: If elected, I agree that FCCLA will be my number one priority and I know it is my responsibility to perform to my very utmost and to place this obligation above school activities, keeping in mind that I must maintain a satisfactory scholastic average. It is my responsibility to attend all required meetings. In the event that I graduate prior to completing my term in office, I agree to put forth every effort to fulfill my duties of this office. I have also read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for Colorado FCCLA State Officers. I also understand that the information that I have submitted will be shared with the State and District Interviewing Panels.

---

Applicant Signature	Date
---------------------	------

PARENT(S): Your son or daughter is applying for State Officer consideration. It is an honor and a great responsibility for a student to be an FCCLA State Officer. This will require your support financially, emotionally, physically, and in general, total parental backing.

Yes, I/we am/are willing to accept these responsibilities and support my/our son or daughter for a State Office. I have read and understand the Colorado FCCLA Bylaws and the policies and disciplinary procedures for FCCLA State Officers. I/we also understand that the information my daughter or son has submitted will be shared with the state and District Interviewing Panels.

---

Parent(s) Signature(s)	Date
------------------------	------

ADVISERS: Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your State Officer during her/his term of office.

Yes, I am willing to accept the responsibilities of a Local Adviser to a State Officer and will give my total support to the student during her/his term of office, **including monitoring grade eligibility prior to required meetings**. I have read and understand the Colorado FCCLA Bylaws and the Policies and Disciplinary Procedures for FCCLA State Officers.

---

Local Adviser Signature	Date
-------------------------	------

SCHOOL ADMINISTRATOR: Your signature is verification of the qualifications of this candidate and of your continued support of this student during her/his term of office, I HAVE READ AND UNDERSTAND THE COLORADO FCCLA BYLAWS AND THE POLICIES AND DISCIPLINARY PROCEDURES FOR FCCLA STATE OFFICERS.

---

School Administrator Signature	Date
--------------------------------	------

DISTRICT CONSULTANT: Your signature is verification of this candidate and that all State Officer selection procedures have been followed. I HAVE READ AND UNDERSTAND THE COLORADO FCCLA BYLAWS AND THE POLICIES AND DISCIPLINARY PROCEDURES FOR FCCLA STATE OFFICERS.

---

District Consultant Signature	Date
-------------------------------	------