

DISTRICT OFFICER NOMINATION FORM
 OKLAHOMA ASSOCIATION
 FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Region C N NE SE SW
 District I II III IV V VI

Name of Nominee _____

(Name as you wish it to appear on all forms and correspondence. Use only first and last name unless you are called by a first and middle name.)

Home Address, City, State, Zip _____

Home Telephone _____ Date of Birth _____

Name of Parents or Guardian _____

School Name _____

Type of School (Check Type Middle School Junior High High School Tech Center Other _____

FCCLA Adviser(s) _____ School Phone _____ School Fax _____

E-mail Address _____

School Address, City, State, Zip _____

Grade Point Average _____ Classification for the coming school year _____

Check all that apply:

FCCLA Member in 2008-2009 2007-2008 2006-2007 2005-2006 2004-2005

District Meeting attended 2008 2007 2006 2005 2004

District Officer Training previously attended as a district officer 2008 2007 2006 2005

State Conventions Attended as an FCCLA Member 2009 2008 2007 2006 2005

National Leadership Meetings Attended as an FCCLA Member 2008 2007 2006 2005

Check first year it is possible to join FCCLA in your school 6th 7th 8th 9th 10th 11th

FCCLA offices you held and FCCLA committees on which you have served:

Local Offices

Local Committees

District/State offices

District/State Committees

FOUR MOST IMPORTANT CONTRIBUTIONS TO FCCLA

Select the four most outstanding contributions the nominee has made to the organization at the local, district, region, state, and national levels. This information should be in addition to holding an office or serving as chairman of a committee. Attending a meeting is considered a contribution, but the responsibility at the meeting may be more important. Limit statements to one line each. Related projects or activities may be combined into one statement.

1.
2.
3.
4.

FOUR IMPORTANT CONTRIBUTIONS TO HOME AND FAMILY LIFE

Limit statements to one line each.

1.
2.
3.
4.

Type below in 25 words or less, a paragraph on "What FCCLA Means To Me."

Participation in school (list major activities and organizations in which involved), community activities, school to work, and job experience:

Rank in order —1 being your first choice— your office preferences. (This information will be used in districts where it is applicable.)

_____	President
_____	Vice President
_____	Secretary
_____	Public Relations

**CODE OF ETHICS
DISTRICT**

If elected I will . . .

- Be dedicated to the ideals of family and consumer sciences program and Family, Career and Community Leaders of America.
- Serve as a member of the team; maintain an enthusiastic, positive, and cooperative attitude; and respect the thoughts and ideas of others.
- Be willing to commit the time to appropriately perform all district activities related to the office.
- Be willing and able to travel without conflicts at home, work, or school.
- Work to develop myself into an effective public speaker and project a desirable image as an FCCLA member at all times.
- Be prompt with thank you notes, letters, reports, and other necessary or desirable correspondence.
- Accept constructive criticism and evaluate my own performance.
- Keep myself up-to-date on current events.
- Forego all alcohol, drugs, and tobacco while involved in any official or unofficial activity, which represents FCCLA.
- Maintain cleanliness and proper grooming at all times.
- Avoid places or activities, which would raise questions as to my moral character or conduct.
- Consider friends and girlfriend/boyfriend as secondary to district responsibilities.
- Use wholesome language in all speeches and informal conversations.
- Avoid participation in and actively discourage any conversations, which belittle or downgrade fellow FCCLA members, officers, and adults.
- Be willing to accept guidance and direction from adults responsible for district activities.
- Not abuse the office.
- Know and understand FCCLA purposes, creed, and projects.

If elected to the Family, Career and Community Leaders of America District Office, I will adhere to the Code of Ethics and abide by the requirements of office.

Candidate's Signature _____ Date _____

If elected to an office, I will:

1. Affiliate with the state and national Family, Career and Community Leaders of America Associations.
2. Be enrolled in a regularly scheduled family and consumer sciences or specific occupational class at some time during my term of office. (Block scheduling consideration.)
3. Accept adult guidance at anytime when representing Family, Career and Community Leaders of America.
4. Assist and share ideas with local, neighboring, and district FCCLA groups.
5. Attend all district council meetings and give FCCLA precedence over other organizations and activities.
6. Attend and participate in District Officer Training the summer following my election, **June 3-5, 2009. Once registered and I do not attend DOT, I will be responsible for reimbursing the district for DOT expenses.**
7. Attend FCCLA State Convention and serve in the Courtesy Corps.
8. Be removed from my office if I am unable to assume my responsibilities.
9. Be removed from my office if I move from the district.

NEW

My parent(s)/guardian and I understand the obligations of serving as an FCCLA District Officer and agree to the above listed responsibilities. The state association or local chapter will not be held responsible in the event of an accident. If elected, I will serve to the best of my ability and will resign if I am unable to fulfill my responsibilities.

Signature of Applicant	Date	Signature of Parent/Guardian	Date
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THE NOMINEE, ADVISER(S), AND MEMBERS OF OUR CHAPTER AGREE THAT WE WILL DO NO CAMPAIGNING FOR OUR NOMINEE

We understand the commitments inherent in this office and pledge our support and assistance if the candidate is elected. We are aware that a district officer may be absent from school because of meetings, competitive events, and leadership opportunities. The adviser and administrator pledge to provide guidance and support to the candidate during the tenure of office, and understands that the candidate must be affiliated with the state and national associations to be eligible to serve as a district officer.

Signature of Chapter Adviser	Date	Signature of School Administrator	Date
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PLEASE ATTACH:

- **TWO LETTERS OF RECOMMENDATION;** one letter must be from an administrator, and the second letter may be from a person of your choice.
- **AFFILIATION FORM WITH MEMBERS NAME HIGHLIGHTED.**