DISTRICT OFFICER NOMINATION FORM

OKLAHOMA ASSOCIATION
FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Region ☐ C ☐ N ☐ NE ☐ SE ☐ SW

District ☐ I ☐ II ☐ III ☐ IV

Name of Nominee _____

Home Address, City, State, Zip _____

Student email address: _____

Home Phone _____ Cell Phone _____ 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 _____

Advise(s) E-mail Address _____

School Address, City, State, Zip _____

Grade Point Average _____ Grade in school (2013-2014) _____

Check all that apply:

FCCLA Member in ☐ 2013-2014 ☐ 2012-2013 ☐ 2011-2012 ☐ 2010-2011

District Meetings attended ☐ 2012 ☐ 2011 ☐ 2010

State Conventions attended as an FCCLA Member ☐ 2014 ☐ 2013 ☐ 2012 ☐ 2011

National Leadership Conferences attended as an FCCLA Member ☐ 2013 ☐ 2012 ☐ 2011

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

FACS classes completed:_____

_____

List your participation in FCCLA, offices held in FCCLA, and contributions to the Family and Consumer Sciences program below.

Local:

District:

State:

National:

List your participation in the school and community: (List major activities and organizations in which involved, community activities, job experiences, etc.)

School	Community Activities	Job Experiences

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

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

Is your adviser a member of Oklahoma FCCLA Alumni and Associates? ☐ Yes ☐ No

CODE OF ETHICS
DISTRICT

If elected I will . . .

- Be dedicated to the ideals of the 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 4-6, 2014 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.

10. Be removed from my office if I break any of the Code of Ethics.

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

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 understand 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

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.**

MEDICAL LIABILITY RELEASE FORM

SCHOOL:_____ADVISER:_____

DIRECTIONS: Due to legal restrictions, it is necessary that all *delegates, parents/guardians, guests, and FCCLA Advisers* complete this form to be eligible to attend FCCLA events. Return this form *to Oklahoma FCCLA ,1500 W. 7th Ave.*, Stillwater, OK 74074 or Fax to: (405)743-6809

PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION

Delegate: Parent/Guardian:

Home Address: City: Zip Code:

Parent/Guardian/Telephone:
Home: Work: Cell:

Alternate Contact: Alternate's Telephone:

Home: Work: Cell:

Student's Physician:

Phone:

Student has medical insurance: ☐Yes ☐NO **ATTACH A COPY OF MEDICAL CARD**

If yes complete the following information:

Name of insured: Insurance Co.

Group # Policy #

Please completely describe any medical condition(s) which may recur or be a factor in medical treatment:

a. Allergy: e. Physical Handicap:

b. Convulsions: f. Medicine Reactions:

c. Blackouts: g. Disease of any kind:

d. Heart/lung problems: h. Other(Be Specific):

If currently taking medication, please provide the following information:
Name of medication and dosage:

_____ _____

_____ _____

_____ _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own medical insurance coverage during this trip. I hereby release the National FCCLA Board of Directors, the National Staff, State and Local FCCLA Associations, ODCTE and their Staff, and any designated individual in charge of the FCCLA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I do not give my permission for medical treatment until I have been contacted

Delegate's Signature: Date:

Parent/Guardian's Signature: (Applicable for delegates under the age of 18) Date:

SCHOOL:_____ADVISER:_____

STATE FCCLA CONDUCT CODE

A good reputation enables members to take pride in their organization. FCCLA members have an excellent reputation. Your conduct at any FCCLA function should make a positive contribution to FCCLA.

1. Your behavior at all times should be such that it reflects credit to you, your school, your state, and FCCLA.
2. Student conduct is the responsibility of the local chapter adviser. Students shall keep their advisers informed of their activities and whereabouts at all time. If provided FCCLA conference name badges shall be worn at all times.
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries, or illnesses to their local or state adviser immediately.
5. Members are expected to observe the designated curfew. Curfew means being in your own room by the designated hour.
6. Members attending any FCCLA activities, including District, State, or National Conferences may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
7. Students who disregard the rules will be subject to disciplinary action, legal action, and will be sent home at their own expense. Parents will be notified.
8. Any charges to the room will be the responsibility of the individual student and/or parents.
9. Members are to abide by the State FCCLA Dress Code at all business sessions, general sessions, competitive events, and other conference activities.

I have read the above code of conduct for FCCLA conferences and agree to abide by these rules.

Print Name of Student: Date:

Student Signature:

Print name of Parent/Guardian: Date:

Parent/Guardian Signature: