

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

Application must be typed

Region C N NE SE SW

District I II III IV

Name of Candidate _____

Home Address _____ City _____ Zip _____

Student email address: _____

Home Phone _____ Cell Phone _____

Name of Parents or Guardian _____

Chapter Name _____

Type of School (Check Type) Middle School Junior High High School Tech Center

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

Adviser(s) E-mail Address _____

School Address _____ City _____ Zip _____

Grade Point Average _____ Current Grade Level _____

Check all that apply:

	6 th	7 th	8 th	9 th	10 th	11 th	12 th
First year possible to join FCCLA in your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FCCLA Member in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Meetings attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Meetings attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACS classes completed:

Below list your participation in FCCLA, offices held in FCCLA, and contributions to the Family and Consumer Sciences program. Include meetings attended, committee activities, competitive events entered, community service projects, etc.

Describe FCCLA participation	Local	District	State	National
Meetings Attended				
Committee Activities				
Competitive Events				

Describe Participation	FCCLA	Local	District	State	National
Community Service Projects					
Other:					

In 50 words or less explain the value of Family and Consumer Sciences and its relationship to FCCLA.

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

In addition to FCCLA, list your participation in other school and community activities:

School	Community	Work Experiences

**CODE OF ETHICS
DISTRICT**

If elected I will . . .

- Dedicate myself 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.
- Commit the time to perform all district activities related to the office.
- Travel without conflicts at home, work, or school.
- Develop effective public speaking skills.
- Project a desirable image as an FCCLA member at all times.
- Send thank you notes, letters, reports, and other necessary or desirable correspondence in a timely manner.
- Accept constructive criticism and evaluate my own performance.
- Develop an understanding of 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.
- 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 _____

Officer Responsibilities

If elected to an office:

1. Affiliate with the state and national Family, Career and Community Leaders of America Associations.
2. Enroll 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, 2015 Once registered, if 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.

I agree that my image or voice can be used in FCCLA and publications.

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.

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.**

Responsibilities of District Officer Adviser:

- Ensure that officer fulfills all duties related to their office.
- Provide or arrange transportation for all district officer responsibilities.
- Assist the district FCCLA Counselor as needed.
- Assist officer in acquiring the appropriate official dress.
- Proof and edit all district officer related correspondence.

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 Adviser

Date

Signature of School Administrator

Date

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:
