

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. Currently, Colorado has a State Officer Adviser Team comprised of one female FCCLA Adviser. Should my school district require a male chaperone for male candidates (officers), I understand my school district will be required to cover the expenses for the male chaperone. 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

