

STATE OFFICER SELECTION PANELIST SIGNATURE FORM

STUDENT: If selected, I know It is my responsibility to attend all required meetings and selection committee events. I have also read and understand the Colorado FCCLA Bylaws and the Policies for Colorado FCCLA State Officer Selection. I also understand that the information that I have submitted will be shared with the State Staff and Selection Committee.

APPLICANT SIGNATURE

DATE

PARENT(S): Your student is applying for State Officer Interview Panelist consideration. It is an honor and a great responsibility for a student to select members of the State Executive Council. This will require your student to attend the State Leadership Conference. Yes, I/we am/are willing to accept these responsibilities and support my/our student for a State Officer Interview Panelist. I/we also understand that the information my student has submitted will be shared with the the State Staff and Selection Committee.

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 panelist. Yes, I am willing to accept the responsibilities of a Local Adviser to a State Officer Selection Panelist.

LOCAL ADVISER SIGNATURE

DATE