



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.

<b>Describe FCCLA participation</b>	<b>Local</b>	<b>District</b>	<b>State</b>	<b>National</b>
<b>Meetings Attended</b>				
<b>Committee Activities</b>				
<b>Competitive Events</b>				
<b>Community Service Projects</b>				
<b>Other:</b>				

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

<b>School</b>	<b>Community</b>	<b>Work Experiences</b>



## CODE OF ETHICS/CONDUCT

### **If elected I will . . .**

1. Welcome and promote diversity in our organization.
2. Affiliate with the state and national Family, Career and Community Leaders of America association.
3. Be enrolled in a family and consumer sciences class aligned to my elected office. (block schedule consideration)
4. Dedicate myself to the ideas of the family and consumer sciences program and Family, Career and Community Leaders of America.
5. Commit the year to District Officer activities.
6. Attend all required meetings and give FCCLA priority over other organizations, activities, and teams.
7. Develop my public speaking and presentation skills.
8. Promptly write thank you notes, letters, reports, and other correspondence.
9. Keep well informed about developments relevant to FCCLA.
10. Know and understand FCCLA purposes, creed, and projects.
11. Conduct myself, collectively and individually, in good faith while maintaining a high level of ethical and professional behavior.
12. Serve as a member of the team; maintain a cooperative attitude; respect the thoughts and ideas of others; and demonstrate consideration for others.
13. Avoid participation in and actively discourage any conversations, which belittle or downgrade fellow FCCLA members, officers, and adults.
14. Accept constructive criticism, guidance, and instruction from state staff and chapter advisers at all times when representing Family, Career and Community Leaders of America.
15. Assist and share ideas with other FCCLA groups & individuals.
16. Forego all alcohol, drugs, and tobacco while involved in any official or unofficial activity representing FCCLA.
17. Avoid places and activities, which may raise questions as to my moral character or conduct.
18. Dress neatly and appropriately at all times.
19. Refrain from loud, boisterous talk, swearing and other unbecoming conduct.
20. Attend and participate in District Officer Training the summer following my election, **June 9-11, 2021. Once elected, if I do not attend DOT, I will be responsible for reimbursing the district for DOT Expenses and will resign my office.**
21. Attend FCCLA State Convention and serve in the Courtesy Corps.

- 22. Be removed from my office if I move from the district.
- 23. Be removed from my office if I violate the Code of Ethics/Conduct.
- 24. Resign from my office if I am unable to carry out these responsibilities.

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

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.

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Signature of Candidate	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.

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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.**

**Advisers:** Fill this page out; email to [fcclareports@careertech.ok.gov](mailto:fcclareports@careertech.ok.gov) by April 5, 2021

**Name of School:** \_\_\_\_\_ **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

**Candidate Strengths:**

**Candidate Weaknesses:**

**Other Comments:**

**Adviser Signature:** \_\_\_\_\_

## 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. 7<sup>th</sup> 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact 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, provide the name of medication and dosage:

List food allergies or special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

**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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

SCHOOL: \_\_\_\_\_ ADVISER: \_\_\_\_\_

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**STATE FCCLA CONDUCT CODE**

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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.

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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 Delegate: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Delegate Signature:

\_\_\_\_\_  
Print name of Parent/Guardian: (Applicable for delegates under the age of 18)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature:

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