



## NOMINATION FORM FOR OKLAHOMA FCCLA OFFICER CANDIDATES

*Please read the following information carefully regarding selection of nominees for office:*

- All candidates who meet the qualifications as specified on the written nomination form are invited to participate in the interview process on Tuesday, January 26, 2021.
- Official dress consisting of official red blazer, white-button down shirt, coordinating tie, and black bottom or black sheath dress shall be worn for the interview and taping of the speech.
- Each candidate will report to the registration table for an instruction packet, which will include a time schedule for region interviews.
- Each candidate will take an on-line evaluation about basic facts of the FCCLA organization. Tests may include information from the following publications: *Teen Times*, *FCCLA Connections*, *Handbook to Ultimate Leadership*, *The Ultimate Officer Handbook and Training Manual*, the *ctYOU.org*, Oklahoma and National FCCLA websites, and the *vintagekidstuff.com* website. The candidates should be familiar with the other career and technology student organizations.
- Candidates begin the regional interview process according to the time schedule included in the instruction packet. Each candidate should come prepared to present a one-minute speech to the region interview team. The speech should address reasons the candidate would like to serve on the State Executive Council and what qualities the candidate could bring to the council. **(No props, including hats or caps will be permitted.)**
- Each candidate will read aloud a provided paragraph.
- The top regional candidates will advance to general interviews and be interviewed by a general committee. **Candidates will present their one-minute speech to the general interview committee.** Regional candidates who do not advance to the general interview will be free to leave after the general interview information has been posted.
- Each candidate who advances to the general committee interviews will present their speeches for taping. Only the taped speeches of those candidates who are placed on the ballot will be available for viewing. Candidates must not mention the name of their school, chapter, hometown, region, or office they prefer in their speech.
- Candidates who advance to general interviews are free to leave after the interview and videotaping.
- Persons on the general committee will evaluate the qualifications of each candidate interviewed and prepare a ballot.
- Candidates will be notified by email as to ballot selection.
- Candidate information will be available online by March 1. Voting will take place at state convention. Results will be announced during the closing general session, and the 2021-2022 State Executive Council will be installed.
- There will be no campaigning. The distribution of **any** campaign materials either hard copy or on social media, will result in disqualification.





OKLAHOMA ASSOCIATION  
FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA  
OFFICER CANDIDATE FORM

**Application must be received by December 15, 2020**

Region Please check one  N  NE  S  SE

**Type of Candidate:**

State Officer Only  National Officer Only  
 Both State and National  
I prefer:  State Office  National Office

**Type of Member:**

Comprehensive  Occupational  
 Post secondary

**CANDIDATE INFORMATION**

Name of Candidate \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Parents or Guardian \_\_\_\_\_  
Emergency Contact Phone Number \_\_\_\_\_

**SCHOOL INFORMATION**

School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School Phone \_\_\_\_\_ School Fax \_\_\_\_\_  
Current Grade Level **(Check one)**  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  Post secondary  
Grade Point Average \_\_\_\_\_ **Attach official transcript**  
Number of Family and Consumer Sciences classes completed: \_\_\_\_\_  
Name of Family and Consumer Sciences class presently enrolled in: \_\_\_\_\_

**ADVISER INFORMATION**

Adviser Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email address (school) \_\_\_\_\_ (home) \_\_\_\_\_



2021-2022 OKLAHOMA OFFICER CANDIDATE RESUME

Name of Candidate \_\_\_\_\_

Number of Years in FCCLA \_\_\_\_\_

Number of State Conventions attended \_\_\_\_\_

	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>
First year possible to join FCCLA in your school						

Check all that apply	2020	2019	2018
Fall Leadership/Cluster Meetings Attended			
National Leadership Conferences			

Attended	
	Summer Leadership Summit
	Take AIM
	Capitol Leadership
	Leadership Academy

Type below in 140 characters or less, a phrase addressing: **Why is FCCLA the “Ultimate Leadership Experience?”**

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

School Activities	Community Activities	Job Experiences

List your FCCLA participation:

	<b>Local</b>	<b>District</b>	<b>State</b>	<b>National</b>
<b>Describe FCCLA participation ie: voting delegate, ensemble member, Leadership Academy courses, etc.</b>				
<b>Offices held:</b>				
<b>Competitive Events:</b>				
<b>Workshops Presented:</b>				
<b>National Programs Completed:</b>				

<b>Committee Activities:</b>				
<b>Other:</b>				



### OFFICER PREFERENCE FORM

I \_\_\_\_\_, hereby place my name in nomination for the following office(s).

**Check all of the offices you would consider.**

- |  |  |
|--|--|
| <input type="checkbox"/> President                           | <input type="checkbox"/> Vice President of Parliamentary Law |
| <input type="checkbox"/> 1 <sup>st</sup> Vice President      | <input type="checkbox"/> Vice President of Programs          |
| <input type="checkbox"/> Vice President of Community Service | <input type="checkbox"/> Vice President of Public Relations  |
| <input type="checkbox"/> Vice President of Marketing         | <input type="checkbox"/> Vice President of STAR Events       |
| <input type="checkbox"/> Vice President of Membership        | <input type="checkbox"/> National Officer Candidate          |

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

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### OKLAHOMA OFFICER CANDIDATE TRANSCRIPT RELEASE PARENTAL AGREEMENT

Officer Candidate \_\_\_\_\_

Candidates must submit a school transcript as part of their candidate application. Your signature allows the release of the above named candidate's school transcript to FCCLA.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### OKLAHOMA OFFICER CANDIDATE SOCIAL MEDIA/VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE FORM

I \_\_\_\_\_, agree to permit my photograph to be displayed on the FCCLA social media sites.  
Name of SEC Member

I further agree that I, my heirs, and my legal representatives release and hold FCCLA and the Oklahoma Department of Career and Technology Education, its officers, directors, members, employees, or agents harmless from any injury, claims, unauthorized use, misuse, actions, judgments, or other liability that may result from the display of my photograph/voice/video on the FCCLA social media sites.

I further understand that I am not to receive payment for said photograph/voice/video and these photograph/voice/video will not discredit or distort my person in any way.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



CODE OF ETHICS/CONDUCT

**If elected I will . . .**

1. Welcome and promote diversity in our organization.
2. Pay dues promptly.
3. Be enrolled in a comprehensive or occupational family and consumer sciences class aligned to my elected office. (block schedule consideration)
4. Commit the year to State Executive Council activities.
5. Attend all required meetings and give FCCLA priority over other organizations, activities, and teams.
6. Develop my public speaking and presentation skills.
7. Promptly write thank you notes, letters, reports, and other correspondence.
8. Keep well informed about developments relevant to FCCLA.
9. Conduct myself, collectively and individual, in good faith while maintaining a high level of ethical and professional behavior.
10. Serve as a member of the team; maintain a cooperative attitude; respect the thoughts and ideas of others; and demonstrate consideration for others.
11. Accept constructive criticism, guidance, and instruction from state staff and SEC advisers when representing Family, Career and Community Leaders of America.
12. Assist and share ideas with other FCCLA groups & individuals.
13. Forgo all alcohol, drugs, and tobacco while involved in any official or unofficial activity representing FCCLA.
14. Avoid places and activities, which may raise questions as to my moral character or conduct.
15. Dress neatly and appropriately at all times.
16. Refrain from loud, boisterous talk, swearing and other unbecoming conduct.
17. Resign from my office if I am unable to carry out these responsibilities.
18. Resign from my office if I move out of state.

If elected to the Family, Career and Community Leaders of America State Executive Council, I will adhere to the Code of Ethics/Conduct. Violation of the Code of Ethics/Conduct could warrant removal from office.

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**Candidate's Signature**

**Date**





**If elected to an office, I will:**

1. Attend Career Tech University, June 1 - June 4, 2021.
2. Attend and help facilitate District Officer Training, June 9 - 11, 2021.
3. Attend and help facilitate Summer Leadership Summit, June 16 – 18, 2021.
4. Attend the FCCLA National Leadership Conference, June 27 - July 1, 2021 Nashville, TN.
5. Attend FCCLA State Conventions Thursday, April 1, 2021 and Thursday, March 31, 2022.
6. Assist with FCCLA Competitive Events in Stillwater, March 22-24, 2022.
7. Assist, if needed, with the FCCLA presentation to family and consumer sciences teachers at the August 2-3, 2021 Oklahoma Summit.

My parents/guardian and I understand the obligations of serving on the Oklahoma FCCLA State Executive Council and agree to the above obligations. We assume responsibility for all personal expenses (not paid by the local or state association). The state or local association 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 Applicant	Date	Signature of Parent/Guardian	Date
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**THE NOMINEE, ADVISER(S), AND MEMBERS OF OUR CHAPTER AGREE 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. Obligations include attendance at all required meetings and assistance in obtaining finances to attend the National Leadership Conference. The chapter adviser shall be allowed to attend all meetings with the exception of CTU and the State District Officer Training. By signing below, the adviser and administrator pledge to provide guidance and support to the candidate during the tenure of office, and understand that the local chapter must remain in good standing with the state and national offices of the association or the candidate will be removed from office.

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Signature of Chapter Adviser	Date	Signature of School Administrator	Date
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**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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