



Florida FCCLA
District Officer Candidate Application



Florida FCCLA District Officer Candidate Application

Approval Form:

Chapter Adviser: I hereby certify that _____ meets all of the qualifications for the District Officer position they are running for, and in my opinion, would make a worthy district officer. If the candidate is elected into office, I shall assist them in performing all assigned duties and responsibilities.

Signature of Chapter Adviser

Date

Parent/School Administration: The District Officer Candidate, _____, has my approval to be a candidate for a district officer position. If elected to the position, I will give my permission for attendance to all district activities, state meetings, meetings called by the District Adviser, and other required events as may be added throughout the year. I will also assist the candidate in the performance of their duties and responsibilities as a District Officer.

Signature of School Administrator

Date

Signature of Parent/Guardian

Date

Pledge of the Candidate: I, _____, if elected, will perform all of the duties pertaining to my office unless an emergency such as illness or death may occur. I understand that I shall have to *relinquish* my office if I do not 1) attend all required meetings, 2) fail to perform my duties, or 3) in any way violate the governing articles of the Florida FCCLA Bylaws, and all rules pertaining to the office I will be elected to.

Signature of Candidate

Date

Confirmation of Membership: The candidate that is submitting this application is an affiliated member of their chapter and is hereby recommended by the Chapter:

Signature of Chapter Adviser

Date

Signature of Candidate

Date

Adviser Phone Number: (____) ____ - ____

Adviser School Phone: (____) ____ - ____

Signature of Chapter President

Date