

## SO YOU WANT TO BE A STATE OFFICER? 2012-2013

Being a State Officer of the New York State Association of Family, Career and Community Leaders of America provides the opportunity for personal growth and leadership development. It is an honor and a rewarding experience. It carries the responsibility of representing all chapters in your district and requires a serious commitment of time, energy and support. Because of the State Meeting schedule and responsibilities, a State Officer may not participate in a STAR event during the State Meeting of his/her tenure year.

### 2012-2013 State Officers are required to attend:

Summer Leadership Training	Owego Treadway Inn, Owego	July 25-28, 2011
Fall Planning Meeting	Villa Roma, Callicoon, NY	November 4-6, 2011
State Leadership Conference	Villa Roma, Callicoon, NY	March 28, 2012
National Leadership Meeting	Orlando, FL	July 10-14, 2012
Summer Leadership Training	TBD	July, 2012
Fall Planning Meeting	TBD	Fall, 2012
Rehearsal	TBD	March/April, 2013
State Leadership Conference	TBD	March/April, 2013

District Leadership functions Scheduled throughout term of office

Officers will be given the use of the official FCCLA red blazer while representing New York State. The blazer will serve as part of an official uniform and is to be worn whenever officers represent the organization in an official capacity. A deposit of 50% of the current cost of a new jacket will be required. If the officer opts to keep the jacket, the cost will be the deposit plus the remaining amount of the cost of jacket. The deposit, minus \$10 cleaning fee, will be returned upon return of the jacket.

Before obtaining the necessary signatures for the State Officer form, be sure your parents, advisor, and school district's administrator understand the time, energy and financial obligations involved in your becoming a State Officer.

### ADVISORS

It is expected that advisors will attend and participate in the meetings listed above and assume various advisor responsibilities.

**2012-2013 STATE OFFICER PERSONNEL PROFILE**  
**New York State Family, Career and Community Leaders of America**

**STUDENT:** Type or print information. Return completed form to your **District Advisor**

**DISTRICT ADVISOR:** Return to **Karen Thomas**, PO Box 288, Brownville, NY 13615

**OFFICER** \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent(s) \_\_\_\_\_

Membership in FCCLA (circle grades)    6    7    8    9    10    11

Present year in school \_\_\_\_\_ Approximate cumulative scholastic average \_\_\_\_\_

Enrolled in Family and Consumer Science class: (circle)    5    6    7    8    9    10    11

Current Family and Consumer Science course(s): \_\_\_\_\_

FCCLA Committees/Special contributions \_\_\_\_\_

Local offices \_\_\_\_\_

District offices \_\_\_\_\_

Leadership Training \_\_\_\_\_

School/Community activities \_\_\_\_\_

Home/Family Responsibilities \_\_\_\_\_

Hobbies/special interests \_\_\_\_\_

Plans for the future \_\_\_\_\_

**Attach a statement describing your goals as a State Officer**

**As a State Officer, I promise to abide by the FCCLA code of conduct, uphold the purposes of the organization, and follow through on my commitment to FCCLA. I understand that if I do not attend all the following required meetings without good reason and without notifying the state officer trainer and state coordinator, I may be removed from office.**

2011 Summer Leadership Training  
2011 Fall Planning Meeting  
2012 State Leadership Meeting  
2012 National Leadership Meeting

2012 Summer Leadership Training  
2012 Fall Executive Council Meeting  
2013 Rehearsal  
2013 State Leadership Meeting

District functions and other meetings of my office

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**My son/daughter has my permission to accept all the responsibilities of an officer of New York State Family, Career and Community Leaders of America.**

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

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**SCHOOL**

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**I recognize that being a state officer requires both the student and advisor to attend State and National meetings, and I agree to support this nomination:**

Administrator Signature \_\_\_\_\_

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**ADVISOR**

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Chapter affiliated \_\_\_\_\_ 2010-2011 \_\_\_\_\_ 2009-2010 \_\_\_\_\_ 2008-2009

**I recognize that this nomination requires the attendance and active participation of both student and advisor at the State and National meetings listed above. I agree to accept these responsibilities.**

Chapter Advisor \_\_\_\_\_

District Advisor approval \_\_\_\_\_ District \_\_\_\_\_



