

# STATE OFFICER INFORMATION

## STATE OFFICER

A State Officer is one of eight members of the Executive Council representing the three districts of Nevada FCCLA.

### Responsibilities:

1. Fulfill the duties of the specific office.
2. Meet as a group to plan and preside over the Annual State Leadership Conference.
3. Attend summer, fall, winter and spring Executive Council Meetings  
(State Officers are reimbursed for basic expenses incurred while fulfilling duties of the office).
4. Give support to the Nevada FCCLA organization as needed.

For a complete description of officer duties, please refer to the Nevada Association Bylaws. Bylaws can be found on the Nevada FCCLA website, [nvfccla.org](http://nvfccla.org), in the resources section.



Please list offices you've held and describe major responsibilities associated with each office. Give evidence that you have assumed responsibilities in your chapter and that you can fulfill the duties of the office.

Describe contributions you have made to your home and family.

Describe contributions you have made to your school.

Describe the contribution you have made to your community.

Complete the following sentence:  
I will make a great officer for Nevada FCCLA because \_\_\_\_\_

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**NEVADA ASSOCIATION FCCLA**  
**Emergency Medical Information and Release Form**

In the event my/our child, \_\_\_\_\_, becomes ill or sustains an injury while on any student organization activity, permission is given to administer first aid.

Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any allergies or health limitations we should be aware of?

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

Date of last tetanus immunization: \_\_\_\_\_

Is your child allergic to any drugs? \_\_\_\_\_ If yes, please advise: \_\_\_\_\_

\_\_\_\_\_

If I cannot be reached in case of an accident or illness requiring emergency medical treatment, I do hereby consent to an X-ray examination, anesthetic, medical or surgical diagnosis and treatment, and hospital services that may be rendered necessary.\*

**Must be signed in the presence of Notary Public.**

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

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Telephone Office Telephone Cell Phone

Notary Public: \_\_\_\_\_ Date \_\_\_\_\_

**\*Proof of purchase of twenty-four (24) hour school insurance, or the approved equivalent currently in force, is attached.**

Copies of this form have been filed with the State FCCLA Association and the local school.

Adviser Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NEVADA ASSOCIATION FCCLA  
Student Travel Permit**

To Whom It May Concern:

Your signature on this page indicates your support of this officer candidate and that you have reviewed the travel calendar and are aware that the officer is required to attend all of the following events:

- March 2, 2010 – State Officer Orientation – Henderson, Nevada
- July 3 – 8, 2010 – National Leadership Meeting – Chicago, Illinois
- July 24 – 28, 2010 – Executive Council & CTSO Leaders Training, Lake Tahoe, NV
- September 20 - 21, 2010 – Executive Council, Carson City, NV
- February 7 – 8, 2011 – Executive Council Meeting, Carson City, NV
- March 22 – 25, 2011 - State Conference, Reno, NV

1. Permission is hereby granted for \_\_\_\_\_ who is a Nevada FCCLA Officer to travel on Nevada Association business. Dates for travel and business are listed above. In case of accident, I will not hold the Nevada Association or any of its state or local advisers responsible.

\_\_\_\_\_  
Date

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

1. Permission is hereby granted for the above student to miss school to carry out the business of the office they hold.
2. The chapter adviser will be notified of each activity and after discussion with the principal will ensure that the proper district paperwork is completed and the student has made arrangements with his/her teachers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Principal

Copies of this form have been filed with the State FCCLA Association and the local school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Adviser

**NEVADA ASSOCIATION FCCLA CODE OF CONDUCT**

As a state officer of the Nevada FCCLA I understand that I serve as an ambassador for this organization and my conduct and department are critical to the success of our mission.

If I violate or ignore any or all of the following Code of Conduct during my term of office, I will subject myself to:

- A. Being removed from the FCCLA conference and/or activity and sent home at my own expense by my local/state adviser or the state coordinator.
- B. Having any honors canceled and being withdrawn from my office.

**CODE OF CONDUCT**

- 1. I shall behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon FCCLA.
- 2. I shall fully participate in all appropriate activities, conferences, workshops, business meetings, etc., for which I have responsibility.
- 3. I shall abide by the dress code as prescribed for the occasion.
- 4. I shall be willing to take and follow instructions as directed by those responsible for me.
- 5. I shall avoid places and actions that in any way could raise questions as to moral character or conduct.
- 6. I shall treat all members equally.
- 7. I shall not damage or deface property. I will pay for damages to any property or furnishings in hotel rooms, private accommodations and/or buildings at my own expense.
- 8. I shall not violate curfew while participating in any meeting, workshop, conference or activity of FCCLA.
- 9. I shall not violate any school rules or regulations or state or federal laws.

As a state FCCLA member, I agree that I will abide by the above, prescribed code of conduct.

**PUBLICITY RELEASE**

\*\* I give permission for photographs to be taken and used for publicity purposes. Photographs may be used in large group presentations, on pamphlets, and/or on the Nevada FCCLA Web site.

\_\_\_\_\_  
\*\*State Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Date