



EXECUTIVE COUNCIL CANDIDATE (ECC) APPLICATION PACKET

Ohio Family, Career and Community Leaders of America Executive Council Candidates must provide proof of FCCLA leadership experiences in their families, careers, and communities, appropriate documentation, signatures, recommendations, and approval to run for a regional or state position. Therefore, it is necessary that those who aspire to become Executive Council Members are highly qualified, able and willing to perform duties as assigned.

The application is your opportunity to tell evaluators and voting delegates about your qualifications. Your application should reflect who you are, why you joined Ohio Family, Career and Community Leaders of America, your experiences, your future goals, and why you want to be an Executive Council Member. Portions of the application form will be given to the nominating committee members and the election voting delegates.

Please read the qualifications and prerequisites very closely in the Regional/State Executive Council Handbook, (www.ohiofccla.org) and complete the information below. When you are confident that if elected, you will, without any reservations, carry out the role and responsibility of an Ohio Family, Careers and Community Leaders of America, Executive Council Member. Return one copy of this application along with a picture in official dress to OhioFCCLA@education.ohio.gov by deadline date.

All signatures and information must be complete to be considered for a position.

I am applying for: (Check all that apply)

State Executive Council

Regional Executive Council

PERSONAL INFORMATION

Name	Phone	Current Grade
Home Address		
City	Zip Code	Scholastic Average
Personal Email	School Email	
Best Phone Number to reach you		

CHAPTER AND SCHOOL INFORMATION

Chapter Name	School Name
School Address	Chapter ID Name
City	Zip Code
Adviser Name	
Adviser's Phone Number	Adviser's Email Address

DEGREE(S) AWARDED AND DATE (Provide proof)

Chapter Degree: _____ Power of One: _____ State Degree: _____

FCCLA PARTICIPATION

What FCCLA events have you participated in above at the local level? What was your role at these events?

List the contributions you have made to your chapter as an officer and member:

FCCLA Awards:

COMMUNITY AND SCHOOL INVOLVEMENT

List school involvement (including officer roles):

List community involvement:

CANDIDATE ESSAY (400 Word Limit – this essay represents you and will be printed for the voting delegates)

Why do you wish to serve in a leadership role?

EXECUTIVE COUNCIL CANDIDATE COMMITMENT

If elected as an Executive Council member, I agree to:

__read and follow the guidelines and responsibilities as stated in the Executive Council Handbook (www.ohiofccla.org)

__attend the following events which are required:

- Executive Council Trainings – June, August, September, December, March*
- National Leadership Conference*
- Chapter Officer Training, FCCLA Leadership Training, Regional Career Development Events, State Leadership Conference, National Leadership Conference*
- Additional FCCLA events as assigned*

__communicate with my school administration, advisers, chapter, state association, and national organization throughout the year

__attend all required regional and state activities and perform all assigned council member responsibilities

__devote the necessary time and effort to the work and travel requirements of an Executive Council member

__I certify that the above information is true to the best of my knowledge. I will be held liable for any misrepresentation of the truth based on the information provided.

Executive Council Candidate Signature

Date

EXECUTIVE COUNCIL CANDIDATE ADVISER SUPPORT

If my student is elected to an Executive Council position, I agree to:

__support them if he/she is elected

__ensure that they follow the guidelines and responsibilities as stated in the Executive Council Handbook (www.ohiofccla.org)

__attend the following events:

- Chapter Officer Training, FCCLA Leadership Training, Regional Career Development Events, State Leadership Conference, National Leadership Conference*

__serve as a consultant to help my Executive Council member prepare for his/her assigned responsibilities throughout his/her term

__monitor my Executive Council member's academic progress and serve as a liaison for school officials, keeping school administration informed of officer activities

__support the efforts and decisions of the FCCLA state staff as they endeavor to develop Executive Council members to their highest potential as representatives of the national organization

Adviser's Signature

Date

CTPD Supervisor Signature (if applicable)

Date

SCHOOL ADMINISTRATOR SUPPORT

If the student is elected to an Executive Council position, I agree to:

- as the (circle one) principal/superintendent, to support the candidate if he/she is elected
- allow the Executive Council Member to attend FCCLA trainings and events required of an Executive Council Member
- support the Executive Council Member in his/her travel which may include the following events:

- Executive Council Trainings – June, August, September, December, March
- Chapter Officer Training, FCCLA Leadership Training, Regional Career Development Events, State Leadership Conference, National Leadership Conference
- FCCLA events as assigned

**It is the discretion of the school district how the student is transported to events and trainings.*

Administrator Signature

Date

EXECUTIVE COUNCIL CANDIDATE GUIDANCE COUNSELOR

As the Guidance Counselor, I certify that the Executive Council Candidate

- is academically qualified to hold a regional/state position
- has a cumulative grade point average on a 4.0 non-weighted scale. Candidate has a 3.0 accumulative grade point average on a 4.0 non-weighted scale for the previous three (3) semesters
- has completed a minimum of one semester (including middle school) of a Family and Consumer Sciences or related career field course by the end of the current school year

Guidance Counselor Signature

Date

EXECUTIVE COUNCIL CANDIDATE PARENT SUPPORT

If my son/daughter is elected to an executive council position, I agree to:

- support them if elected
- ensure that they follow the guidelines and responsibilities as stated in the Executive Council Handbook (www.ohiofccla.org)
- be willing and able to provide transportation for son/daughter to all required Ohio Family, Career and Community Leaders of America trainings and events

Parent/Guardian Signature

Date



PHOTOGRAPHY & WEBSITE CONSENT AND RELEASE AGREEMENT

I, _____, hereby give Ohio Family, Careers and Community Leaders of America the absolute right and permission to photograph me. I hereby grant to Ohio Family, Careers and Community Leaders of America all rights to reproduce and disseminate such photographs and images, in whole or in part, or altered in character or form, that will be used by the Ohio Family, Careers and Community Leaders of America in conjunction with presentations, programs and publications.

I further grant Ohio Family, Careers and Community Leaders of America all rights to further reproductions of such pictures and images through any media, for educational purposes, art, entertainment, advertising of, and internal use for other lawful purposes. I also grant to Ohio Family, Careers and Community Leaders of America, the right to copyright such pictures and images in its own name or to publish, to market, and to assign without compensation or report to me.

I hereby waive the rights or interests that I may have in the pictures or images, including any rights to inspect and/or approve the finished photographs and images or the use of which it may be applied so long as its use shall be lawful.

I expressly release Ohio Family, Careers and Community Leaders of America, Inc, their agents, employees, licensees and assigns from and against all claims which I have or may have for invasion of privacy, defamation or any other cases of action arising out of the production, distribution, publication, and exhibition of the photographs and images.

Parent/Guardian Signature _____ Date _____

Executive Council Candidate Signature _____ Date _____



FCCLA CODE OF CONDUCT AGREEMENT

Verification Statement

This is to acknowledge I have read and understand the Executive Council Handbook and Code of Conduct under which the Ohio Family, Careers and Community Leaders of America Executive Councils operates. The Code of Conduct is found in the Executive Council Handbook.

Executive Council Candidate Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Adviser Signature _____ Date _____

Administrator Signature _____ Date _____

Ohio Family, Career and Community Leaders of America CODE OF ETHICS AGREEMENT

The two decision-making bodies of Ohio Family, Careers and Community Leaders of America (Ohio FCCLA) are: for policy – the Ohio Family, Careers and Community Leaders of America Board of Directors (State Executive Council Members serve on Committees of the Board and the Board of Directors in ex-officio capacity); and for management – state staff. Conduct of Ohio Family, Careers and Community Leaders of America Board of Directors, Executive Council, and the state staff shall be above reproach and to maintain the respect and trust of each other and all members.

As an Executive Council Member, I will:

- *Listen carefully to my teammates, and those served by the Executive Councils*
- *Respect the opinion of other Executive Council Members*
- *Respect and support the of decisions of the Executive Councils*
- *Recognize that all authority is vested in the Executive Councils when it meets in legal session and not with individual council members*
- *Keep well informed of developments that are relevant to issues that may come before the Executive Councils*
- *Participate actively in meetings and actions*
- *Call to the attention of the Executive Council Members any issues that I believe will have an adverse effect in Ohio Family, Career and Community Leaders of America and those we serve*
- *Attempt to integrate the needs of beneficiaries of the Executive Councils and interpret the action of the Executive Councils to its beneficiaries*
- *Refer complaints to the proper level on the chain of command*
- *Represent all the beneficiaries of the Executive Councils and not a geographic area or special interest group*
- *Always work to learn more about the Executive Council Member’s roles and responsibilities*
- *Declare any conflict of interest between my personal life and my position on the Executive Council, and avoid voting on issues that appear to be a conflict of interest*

As an Executive Council Member, I will not –

- *Be critical, in or outside of the Executive Councils meetings, of other council members or their opinions*
- *Use the Executive Councils or any part of the Executive Councils for my personal advantage of my friends or relatives*
- *Discuss the confidential proceedings of Ohio Family, Career and Community Leaders of America outside the Executive Councils meetings*
- *Promise prior to a meeting how I will vote on any issue in the meeting*
- *Intervene with duties of State Staff or undermine State Staff authority*

Any infringement of these guidelines shall be addressed in a timely manner by state staff. As a member of the Executive Council, I agree to adhere to the Ohio Family, Career and Community Leaders of America Code of Conduct throughout my term.

Executive Council Candidate Signature _____ Date _____



Social Media Code of Conduct

I, _____, agree to follow all guidelines of c, with regard to social media use. This includes, but is not limited to Facebook, Twitter, Snapchat, and Instagram. As a member of the Executive Councils Executive Council, I agree to the following:

I will not:

- Post any content on my social media pages that reveals myself or anyone else participating in any illegal activity or other questionable activities
- Post anything that shows any political or religious beliefs which may alienate individual members or misrepresent the views of Ohio Family, Careers and Community Leaders of America, as a whole
- Post any pictures or statuses that reveal public displays of affection (PDA)
- Post any content with vulgar language

In addition, Executive Council Members will abide by the following guidelines:

- Personal posts on any social media site will reflect that of a real-life teenager but also that of Ohio Family, Careers and Community Leaders of America Executive Council Member. This will include:
 - Using proper grammar in every post
 - Embodying the leader lifestyle in everything – living it and posting it??
 - Showing modesty (no pictures with swimsuits, shorts skirts/shorts, cleavage, etc.)
- Promote Ohio Family, Careers and Community Leaders of America, and build excitement for members through my social media pages whenever it is asked of me
- Support the other Executive Council Members on social media with regard to Ohio Family, Careers and Community Leaders of America, and personal activities
- Keep the other Executive Council Members accountable for their actions on social media by use of private messaging and in connection with state staff. When others ask for removal of a certain post, I will respect that opinion and take down posts
- Always be respectful on social media

If I am found in violation of these areas, state staff will decide upon a consequence that fits the transgression.

Executive Council Candidate Signature _____ Date _____

Participant Name: _____ Chapter Name: _____

In exchange for my being allowed to participate in a program and/or event administered by the Ohio FCCLA Association ("Ohio FCCLA"), I, and if I am not 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by the following:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
2. Identification of Risks. I understand that Ohio FCCLA and its representatives may not be present during my participation in the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death.
3. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Program.
4. Release and Waiver. I release the Ohio FCCLA and its directors, officers, employees, representatives, agents, volunteers, successors, assigns, and any and all persons or entities participating on the Ohio FCCLA's behalf ("Representatives") from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether caused in the whole or part by the negligence (but not the gross negligence) of the Ohio FCCLA or any of its Representatives.
5. Consent to Medical Treatment. I authorize Ohio FCCLA to provide me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon Ohio FCCLA to provide such assistance, transportation, or services.
6. Publication. I authorize Ohio FCCLA to use my name, photo, materials or presentation produced for the program in educational resources, press releases, web-based publicity, & other publicity materials.
7. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law.
8. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the laws of the State of Ohio.
9. Participant's certification of eligibility and original effort, and authorization to use materials:
 - a. I hereby certify that I meet all eligibility requirements for participation in this program and/or event for the current year.
 - b. Any material submitted is the result of my own effort and ability. I understand that information such as direct quotes, phrases, specific dates, figures or other materials must be marked in "quotes" in manuscripts and must be identified in the bibliography at the end of the manuscript. I further understand that failure to do so represents plagiarism and will automatically disqualify me from this program and/or event.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Participant: Printed Name _____ Signature _____ Date _____

PARENT/GUARDIAN DOCUMENTATION: If the person participating in the Program is not yet 21 years old, a parent or legal guardian must also sign: In exchange for my/our child or ward being allowed to participate in the Program, and as the parent or legal guardian of the abovenamed individual, I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability and Consent.

Guardian: Printed Name _____ Signature _____ Date _____

TEACHER DOCUMENTATION: My signature certifies that the above named individual will be participating in Ohio FCCLA programs and activities and that this individual has been properly trained and prepared.

Teacher: Printed Name _____ Signature _____ Date _____

Completed Executive Council Candidate Application Submission

Attach the following documents to the Executive Council Candidate Application:

- Candidate Photo in Official Uniform (Head shot JPEG)
- Proof of Degree earned or submitted for confirmation at State Leadership Conference

Signatures and Dates:

- Executive Council Candidate Signature
- Adviser Signature and/or CTPD Supervisor Signature
- Administrator Signature
- Guidance Counselor Signature
- Parent/Guardian Signature

Forms:

- Photography & Website Consent and Release Agreement (signed)
- Code of Conduct Agreement (signed)
- Social Media Code of Conduct (signed)
- Ohio FCCLA Program and Event Release of Liability and Consent (Completed)

All signatures and forms must be signed and submitted. If any item is missing the application will be deemed incomplete.

Double check your application to ensure all information is complete and all signatures are present. Please make a copy of your application for your records before you submit it to the state office. Please note that the state office cannot provide copies of your application once it has been submitted.

APPLICATION POSTMARKED OR EMAILED BY MARCH 27, 2020, TO:

Ohio FCCLA Association

25 S. Front St MS #611

Columbus, OH 43215

or Scanned PDF containing original signatures to ohiofccla@education.ohio.gov Subject: Executive Council Application

If you have any questions, please contact the state office at 614-466-5718.