

State Officer Candidate

Signature Pages

SOC Name: _____

Chapter: _____

STATE OFFICER CANDIDATE APPLICATION INSTRUCTIONS

State Officer Candidates must provide proof of FCCLA leadership experience in their families, careers, and communities, appropriate documentation, signatures, recommendations, and approval to run for state office. In addition to verifying your eligibility to run for a state office, the application is your opportunity to tell the voting delegates about your qualifications. Your application should reflect who you are, why you joined FCCLA, your experiences, your future goals, and why you want to be a state officer. Please review the following information carefully.

Required Documents for Application

- Applicant Information and Documents – ***Completed in Online Application***
 - *Motivation Statement*
 - *Resume*
 - *Adviser Letter of Recommendation*
 - *Transcript (Official or Unofficial)*
 - *Copy of Official Membership Card/Certificate from FCCLA Portal*
 - *Headshot*
- Signature Pages – Signatures should be obtained and compiled to be uploaded.
 - **Signed and Uploaded to Online Application**

The final application is due electronically by January 18, 2026, The entire application is to be completed, including all requested documents (resume, transcripts, etc) and uploaded to the SOC Application Submission Form.

Online Application Submission

All approved and eligible candidates will participate in the State Officer Candidate Interviews. The interviews will be conducted via zoom on January 21 & 22, 2026. Additional information will be sent upon the close of the application submission deadline.

Any questions regarding the election process should be directed to andrew.kuntz@azed.gov

Discipline Policy and Procedures

Arizona FCCLA state officers are the face of Arizona FCCLA. Our organization's success relies heavily on the actions and representation of our state officer team. The "FCCLA State Officers Code of Conduct" and the "State Officer Discipline Policy and Procedures" were developed and approved by the FCCLA executive council and board of directors and will be enforced.

DISCIPLINE POLICY AND PROCEDURES FOR LEVEL ONE VIOLATIONS:

The following have been identified as "**extremely serious**" violations and will result in the "**removal from office**":

1. Missing more than one required State Executive Council meeting or FCCLA event.
2. Possession, consumption, transportation, or purchase of any alcoholic beverage or illegal drug; including but not limited to tobacco or any electronic smoking device.
3. Defacing, damaging or stealing public or private property.
4. Violations not mentioned as identified by the State Adviser or chapter adviser.

DISCIPLINE POLICY AND PROCEDURES FOR LEVEL TWO VIOLATIONS:

The following have been identified as less serious violations. The state officer will be suspended for the next FCCLA event or until the matter is resolved.

1. Failure to complete assignments and/or reports on time.
2. Failure to turn in monthly reports on time.
3. Failure to follow the Arizona FCCLA Dress Code.
4. Other violations not mentioned may be identified by the State Adviser.

It is assumed that all members elected at Arizona FCCLA State Officers are responsible, mature and of the highest moral character. Based on this premise, Arizona FCCLA State Officers will be requested to perform assignments both as individuals and as a team. Neglect or failure of one team member to produce affects the entire team production. Disciplinary actions are at the discretion of the Arizona FCCLA State Staff.

I understand the above policy and procedures and agree to abide by the regulations for the Arizona FCCLA State Officers.

Candidate Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Chapter Adviser Signature: _____

Date: _____

School Administrator Signature: _____

Date: _____

CTE Director Signature: _____

Date: _____

FCCLA Code of Ethics

The Code of Ethics is a standard of conduct that should be ascribed to by all FCCLA members and advisers. As role models, state officers must always conduct themselves according to the Code of Ethics.

- I will be honest and sincere.
- I will periodically evaluate my personality and attitude, making every effort to improve myself.
- I will approach each task with confidence in my ability to perform my work at a high standard.
- I will willingly accept responsibilities and duties and consider all assignments as important.
- I will be flexible and understanding as I accept assignments on behalf of Arizona FCCLA.
- I will seek to profit by my mistakes, and to take suggestions and criticisms directed toward the improvement of my work and me.
- I will abide by the rules and regulations of my school.
- I will exercise initiative and responsibility and will cooperate with my employer and fellow workers.
- I will dress and act in a manner that will bring respect to me, my school and FCCLA.
- I will seek to improve my community by contributing my efforts and resources to worthwhile projects.
- I will be willing to travel to serve the Arizona FCCLA organization.
- I will be dedicated and committed to FCCLA and the total program of the organization and family and consumer sciences education.

I have read, understand and agree to adhere to the Code of Ethics and the high standards and tradition of FCCLA.

Candidate Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Chapter Adviser Signature: _____

Date: _____

School Administrator Signature: _____

Date: _____

CTE Director Signature: _____

Date: _____

Commitment Statement

State Officer Applicant (required for all candidates)

If elected to serve Arizona FCCLA as a member of the State Executive Council, I agree to:

- Make Arizona FCCLA service my top priority after my education and family responsibilities.
- Attend all State Executive Council meetings as outlined in the *SEC/A Handbook*.
- Cooperate with my adviser, chapter, school, district, and State Staff throughout the year.
- Perform all assigned officer responsibilities.
- Maintain the highest degree of personal honor, integrity and ethics.
- I have read and understand my responsibilities and financial obligations as outlined in the *SEC/A Handbook*.

Parent/Guardian (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

- Support my student in their position as a state officer for Arizona FCCLA.
- Assist the chapter adviser in ensuring my student has reliable means of transportation to and from all events.
- Understand the potential reasons that are grounds for removal from office.
- Communicate any challenges that may hinder my student's ability to serve as a state officer.
- I have read and understand my responsibilities and financial obligations as outlined in the *SEC/A Handbook*.

Chapter Adviser (required for all candidates)

If the student is elected to the Arizona FCCLA State Executive Council, I agree to:

- Recommend for state office ONLY those candidates who are qualified.
- Support the officer if he/she is elected.
- Ensure all school policies regarding travel and absences are communicated to the Arizona FCCLA State Staff and that they are followed.
- Ensure all travel and absences are communicated to the school administration.
- Communicate with Arizona FCCLA State Staff regarding my officer's performance issues.
- I have read and understand my responsibilities and financial obligations as outlined in the *SEC/A Handbook*.

School Administrator (required for all candidates)

If my student is elected to the Arizona FCCLA State Executive Council, I agree to:

- Support this officer if he/she is elected with the resources needed to fulfill their duties, including, but not limited to transportation, support of attendance and other obligations.
- Support the adviser's role throughout the year as well as attendance at all required Arizona FCCLA events.
- Enable the officer to attend all required events as outlined in the *SEC/A Handbook*.
- Allow officers to travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer and will assist in making travel arrangements if need be. I understand that officers will not be transported by Arizona FCCLA State Staff.
- I have read and understand my responsibilities and financial obligations as outlined in the *SEC/A Handbook*.

CTE Director (required for all candidates)

If the student is elected to the Arizona FCCLA State Executive Council, I agree to:

- Support this officer if he/she is elected with the resources needed to fulfill his/her duties.
- Support the adviser's role throughout the year as well as attendance at all required Arizona FCCLA events.
- Enable the officer to attend all required events as outlined in the *SEC/A Handbook*.
- Allows officers to travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer and will assist in making travel arrangements if need be. I understand that officers will not be transported by an employee of the Arizona Department of Education.
- I have read and understand my responsibilities and financial obligations as outlined in the *SEC/A Handbook*.

Signature: _____ Position: _____

By signing below, I certify that I have read the *SEC/A Handbook* and the statements and conditions that corresponds to the title/relationship to the candidate. I am aware of my responsibilities and potential financial obligations that I, my chapter, my school, or district may have if the candidate is elected to the Arizona FCCLA State Executive Council.

Candidate Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Chapter Adviser Signature: _____

Date: _____

School Administrator Signature: _____

Date: _____

CTE Director Signature: _____

Date: _____

Travel and Chaperone Consent

Applicant Name: _____

Phone: _____

Chapter: _____

Phone: _____

As indicated by our signatures below, hereby give this candidate permission to attend and travel to and from the conference/activities deemed necessary to fulfill his/her duties as a state officer, whether transported by their adviser, a representative of the school or district, another state officer parent or any other appropriate means of transportation. I understand that officers **will not** be transported by any employee of the Arizona Department of Education.

As a school and/or district official, my signature below verifies that the above modes of transportation comply with our student transportation policy.

Chapter Adviser Signature

Title/Position

Date

School Administrator Signature

Title/Position

Date

CTE Director Signature

Title/Position

Date

My signature below indicates that I have read and understand the above student transportation policy and agree to these conditions.

Parent/Guardian Signature

Date

Applicant Signature

Date

Application Certification

Directions: The responsibility for sponsoring a state officer candidate rests with the local chapter of FCCLA. Only local chapters that meet the criteria stated in the national bylaws are eligible to nominate candidates for state office. Upon approval of the local chapter, the applicant must forward complete the online application submission form. This application along with ALL required supporting materials, must be submitted to the [Online Application Submission](#) Form no later than January 18, 2026.

Certification by State Officer Candidate and Parent/Guardian

I agree to adhere to the campaign policy and am aware of my obligations as outlined in the SEC/A *Handbook*. The information presented in this application is true and my own work.

Candidate Signature: _____ Date: _____

As the parent/guardian of this candidate, I have read the duties and responsibilities of the office being sought, as outlined in the SEC/A *Handbook*. I will provide the appropriate financial support for my student to fulfill his/her obligation as a state officer.

Parent Signature: _____ Date: _____

Certification by Chapter Adviser, School Administrator and CTE Director

The credentials for this candidate are included in this application. The applicant meets the qualifications for the office indicated. If elected, he/she will receive the full support of the chapter, school, district and adviser in the execution of the duties of this office.

Adviser Signature: _____ Date: _____

School Administrator Signature: _____ Date: _____

CTE Director Signature: _____ Date: _____

Additional information will be sent upon receipt of this application.

If you have any questions, please email andrew.kuntz@azed.gov.

Thank you and good luck!

Here is a link to the
[Online Application Submission](#)