

## California Association FCCLA CHAPTER OFFICER APPLICATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Grade for coming school year \_\_\_\_\_ Current GPA \_\_\_\_\_ Overall GPA \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or Box Number
City
State
Zip Code

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of years enrolled in Family and Consumer Sciences \_\_\_\_\_

Circle grades    6        7        8        9        10        11

Number of years membership in FCCLA \_\_\_\_\_ Circle grades    6        7        8        9        10        11

### QUALIFICATIONS

FCCLA offices previously held:

List positions/offices held in or major activities in:

1) School organizations:

Major responsibilities in FCCLA:

2) Community groups:

3) Youth organizations:

4) Church groups:

List personal characteristics that would assist you in fulfilling the responsibilities of an officer position:

Please ask one of your teachers to give information about your abilities (grades, responsibility, working with others, etc.):

### OFFICER CANDIDATE'S STATEMENT

I am willing to spend the necessary time in planning and conducting chapter meetings and activities and in completing the duties of a chapter office. \_\_\_\_\_

Signature

Date

### PARENT/GUARDIAN STATEMENT

\_\_\_\_\_ has our complete approval and our encouragement in his/her quest for a chapter office. We fully realize the additional time and work required of an officer in FCCLA if he/she is to fulfill responsibilities properly. \_\_\_\_\_

Signature

Date