

Candidate Name: _____

If elected as a state officer, I agree that I will support my student by:

- Attending all required events with my student that may include:
 - Monthly Check-In Virtual Calls
 - Three (3) SEC in-person trainings held in May, September, & February.
 - FCCLA National Leadership Conference
 - NC CTE Summer Conference
 - Visits and presentations to other FCCLA chapters, organizations, local school board, partnerships, etc.
 - NC FCCLA Fall Leadership Meeting(s)
 - NC FCCLA Culinary Competition
 - NC FCCLA State Leadership Conference
- Submitting all necessary paperwork with my county for myself and my student regarding travel to and from meetings listed above; and ensuring all overnight trips are approved for both the adviser and the student. Advisers are required to stay at the same hotel as the student on overnight trips.
- Regularly check in with my student to provide assistance, feedback or other support needed for my student to complete their assigned duties and responsibilities.
- Monitoring the academic progress of my student while serving as a liaison for school officials to keep school and county administration informed of my student's activities.
- Overseeing the conduct of my student, ensuring that the student is following the officer Code of Conduct.
- Assisting the SEC and NC FCCLA State Staff with implementation of the SEC's Program of Work and events, as assigned, throughout the year.

I hereby acknowledge and accept the responsibilities associated with my role as an adviser to my student in the event of their election. I am committed to fulfilling my duties and providing guidance and support as needed to assist my student in carrying out their responsibilities effectively. I understand that my role is crucial in ensuring the success of the candidate's endeavors, and I am dedicated to upholding the trust and confidence placed in me in this capacity.

Adviser First and Last Name: _____
Adviser Signature: _____ Date: _____