

ADVISER SUPPORT FORM

The success of the NC FCCLA State Executive Council depends on a strong partnership between student leaders, advisers, families, and the state association. By signing this agreement, the chapter adviser affirms their understanding of and commitment to supporting the student if elected as an NC FCCLA State Officer.

ADVISER RESPONSIBILITIES

If my student is elected to serve as an NC FCCLA State Officer (and during the election process as needed), I agree to support them by:

- Attending any and all required meetings and events with my student with which I am responsible for them per the Calendar of Events.
- Submitting all required paperwork and obtaining all necessary approvals through my school district for travel related to state officer responsibilities, including overnight travel.
- Serving as the designated chaperone and remaining at the same hotel or lodging facility as my student during overnight events where my presence is required, in accordance with NC FCCLA travel policies.
- Providing regular guidance, feedback, and support to assist my students in fulfilling their assigned duties and responsibilities.
- Monitoring my student's academic progress and serving as a liaison between the student, school administration, and the NC FCCLA state office as needed.
- Overseeing my student's conduct and assisting in the enforcement of the NC FCCLA State Officer Code of Conduct.
- Transporting my students to events where I am not needed, within the specified timeframes for drop off and pick up.
- Arriving early and staying late for events, as listed on the calendar of events, where my student may need to assist with setting up or breaking down and cleaning up materials.
- Assisting the State Executive Council and the NC FCCLA State Officer Coordinator with the implementation of the Program of Work, events, and initiatives as requested.
- Checking in with my officer to ensure they are on track for their personal officer goals for the year.

ADVISER ACKNOWLEDGEMENT

Applicant's Printed Name

Adviser's Printed Name

By signing below, I acknowledge that I understand the time, travel, and supervision commitments associated with my role as a chapter adviser to a state officer applicant/candidate/member. I accept these responsibilities and commit to providing the guidance and support necessary for my student to successfully serve in this leadership role. If I am to leave my role during my student's term in office, I will assist in finding a replacement adviser and inform the State Officer Coordinator immediately of my intent and who my replacement will be. I understand that I have a crucial part in my students' success in office and I take this responsibility seriously.

Applicant's Signature

Date