

2019-2020 STATE & SECTION OFFICER CANDIDATE APPLICATION

**I. POSITION INFORMATION**

Place an X next to the position you would like to apply for

**State Office**

- State President
- Secretary
- Public Relations Officer
- Parliamentarian
- State VP - Bay
- State VP - Central
- State VP - Gold Coast
- State VP - Inland
- State VP - Northern
- State VP - Southern

**National Office  
(fill in)**

\_\_\_\_\_

**Bay Section Office**

- Vice President-Activities
- Vice President-Outreach
- Secretary /Treasurer
- Public Relations Officer
- Parliamentarian

**Central Section Office**

- Vice President
- Recording Secretary
- Treasurer
- Public Relations
- Historian/Parliamentarian

**Gold Coast Section Office**

- Vice President of Activities
- Vice President of Membership
- Secretary
- Public Relations
- Leadership Associate

**Inland Section Office**

- Vice President of Communications
- Vice President of Programs
- Secretary
- Historian

**Northern Section Office**

- Vice President
- Secretary/Treasurer
- Public Relations Officer
- Parliamentarian

**Southern Section Office**

- Vice President of Activities
- Vice President of Membership
- Secretary
- Public Relations Officer
- Leadership Associate

**II. PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Year in School: \_\_\_\_ Years in FBLA: \_\_\_\_  
MM DD YYYY

Current GPA: \_\_\_\_\_ Year Business Achievement Award Future Level Earned: \_\_\_\_\_  
(must match transcript) (enter year earned)

**FBLA Experience** (include offices held and length of term):

- Local  Section  State  National Year: \_\_\_\_ Title: \_\_\_\_
- Local  Section  State  National Year: \_\_\_\_ Title: \_\_\_\_
- Local  Section  State  National Year: \_\_\_\_ Title: \_\_\_\_

**CTE Business course completed or currently enrolled in.** Course must be an approved CTE-coded business course completed at applicant's high school and may not be an online course. Credits and a letter grade must be earned for the completion of the course. (Must match transcript). ROP courses will be accepted.

Year Taken: \_\_\_\_ Term: \_\_\_\_ Course Title: \_\_\_\_\_  
 Course Code \_\_\_\_\_

**Course must be verified by school Registrar or Administrator.** My signature below verifies that the course listed is a CTE-coded course offered at our high school site or through our county ROP and the student's name on this application has completed, or is currently enrolled in, this course.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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III. CHAPTER AND ADVISER INFORMATION

Chapter Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City Zip

Primary Adviser First Name: \_\_\_\_\_ Primary Adviser Last Name: \_\_\_\_\_

Does Primary Adviser hold CTE Credential? Yes \_\_\_ No \_\_\_ Title of Credential \_\_\_\_\_

Co-Adviser First Name: \_\_\_\_\_ Co-Adviser Last Name: \_\_\_\_\_

Primary Adviser Phone: \_\_\_\_\_ Co-Adviser Phone: \_\_\_\_\_

Primary Adviser Email: \_\_\_\_\_ Co-Adviser Email: \_\_\_\_\_

Years as FBLA Adviser \_\_\_\_\_ Years as FBLA (Co-) Adviser: \_\_\_\_\_

Adviser's Signature: \_\_\_\_\_ Co-Adviser's Signature: \_\_\_\_\_

IV. CANDIDATE RESPONSES

Why did you become a member of FBLA? (Limit 150 words-responses over the limit will not be read)

Why do you want to be an elected officer? (Limit 150 words-responses over the limit will not be read)

**IV. CANDIDATE RESPONSES** (continued)

**What three goals will serve as your campaign platform? (Limit 150 words-responses over the limit will not be read)**

**What makes you the best candidate for the position you are seeking? (Limit 150 words-responses over the limit will not be read)**

**Serving as a state/section officer is a major commitment of time, energy, and resources. Describe the arrangements you have made to ensure you can dedicate adequate levels of each if elected. (Limit 150 words-responses over the limit will not be read)**

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**V. APPLICATION SUBMISSION**

- a. **DEADLINE.** Completed applications must be received via email no later than 11:59pm on DECEMBER 16, 2018 for section officers including section president/state vice president candidates. No later than 11:59pm MARCH 8, 2019 for state and national officer candidates.
- b. **ATTACHMENTS.** This application must be accompanied by the following documents:
  - a. Application Certification (see next page)
  - b. Officer Transportation Consent Form
  - c. A copy of the school administration student transportation policy
  - d. Current transcript with CTE business course highlighted
  - e. Résumé (highlighting FBLA activities and other leadership experience)
  - f. Section or State Officer Adviser Approval Letter
  - g. Permission to Post to the Internet
  - h. Candidates for **Public Relations** must include a newsletter created by the applicant
- c. **SUBMISSION.** If you are running for a Section Office email completed application packet to **your Section Director**. If you are running for Section President or a State Office (President/Secretary/Parliamentarian/Public Relations) email completed application packet to **BOTH your Section Director AND the State Officer Adviser**. **National Candidates** must send adviser support email to **CDE State Adviser for CAFBLA** prior to submitting an application.

**Bay Section Director**

Mr. Graeme Logie  
Email: [baydirector@cafbla.org](mailto:baydirector@cafbla.org)

**Central Section Director**

Mr. Jacob Avila  
Email: [centraldirector@cafbla.org](mailto:centraldirector@cafbla.org)

**Gold Coast Section Director**

Mrs. Cathy Mason  
Email: [goldcoastdirector@cafbla.org](mailto:goldcoastdirector@cafbla.org)

**Inland Section Director**

Mr. Lee Lara  
Email: [inlanddirector@cafbla.org](mailto:inlanddirector@cafbla.org)

**Northern Section Director**

Mr. Jonathan Mireles  
Email: [northerndirector@cafbla.org](mailto:northerndirector@cafbla.org)

**CDE State Adviser for CAFBLA**

Mrs. Molly Anderson  
Email: [manderson@cafbla.org](mailto:manderson@cafbla.org)

**Southern Section Director**

Ms. Britni Rebollar  
Email: [southerndirector@cafbla.org](mailto:southerndirector@cafbla.org)

**State Officers' Adviser**

Dr. Laurie Looker  
Email: [stateofficersadviser@cafbla.org](mailto:stateofficersadviser@cafbla.org)

- d. **ALL MATERIALS MUST BE TYPED.** Either use this form or supply computer generated (scanned copy) forms. No faxes accepted.
- e. **INTERVIEW.** Candidates will be contacted regarding an interview time after all applications are received.
- f. **QUESTIONS** about the application or campaign process may be emailed to your Section Director or the State Officers' Adviser.

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**VI. APPLICATION CERTIFICATION**

**Becoming a state or section officer of California FBLA requires a commitment of all parties involved. To make that commitment, each party must understand their responsibility in this leadership experience. All signatures below must be completed for this application to be accepted.**

**Certification by Applicant and support of Parent/Guardian**

If elected, I, the student officer, agree to: **(place an "x" in each box and sign)**

- Remain committed to my education and family obligations.
- Make FBLA my top priority after my education and family responsibilities.
- Promote the growth and success of my local FBLA chapter as well as California FBLA chapters.
- Follow the established state/section officer guidelines, procedures, and regulations.
- Attend the State Leadership Summit for all section and state officers with an approved adviser (certified school employee) as my chaperone.
- Attend all State/Section Executive Board Meetings (In-Person and Conference Call).
- Attend the Section's Officers and Advisers Training Day and any additional section sponsored events.
- Attend the Leadership Development Institute, Section Leadership Conference, and State Leadership Conference.
- Cooperate with my school officials, local chapter advisers, section director, and state/section leaders at all times.
- Perform all assigned officer responsibilities.
- Keep my school administration, local adviser, and state/section leaders informed of all activities and results.
- Maintain the highest degree of personal honor, integrity, and ethics.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Candidate's Name \_\_\_\_\_

As the legal guardian of the above named candidate, I agree to support his/her candidacy and, if elected, his or her term as an FBLA State/Section Officer. I have read the State/Section Officer Candidate Guide and all application materials, and will abide by the contents.

Print Parent Name \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certification by Local Chapter Primary Adviser to the State/Section Officer (Must have ONE dedicated CTE credentialed adviser) Please read carefully.**

If, \_\_\_\_\_, is elected, I agree to: **(place an "x" in each box and sign)**

- Support this officer if he/she is elected and accompany him/her to all FBLA activities that require an adviser's participation.
- Assist the officer with the successful performance of his/her duties and responsibilities.
- Communicate with the Section Director and California FBLA leaders regarding any officer performance issues.
- Ensure that school officials are appropriately informed of officer activities and that the officer and adviser are supported fully.
- Attend the overnight State Leadership Summit for all section and state officers.**
- Attend the Section Executive Board Meetings and the overnight State Executive Board Meetings (for section presidents)**
- Attend the Section's Officers and Advisers Training Day and any additional section sponsored events.**
- Attend the Leadership Development Institute, Section Leadership Conference, and State Leadership Conference. All overnight events.**
- Ensure that all school and CA FBLA policies regarding supervision, travel, and absences are followed.
- Ensure the officer has appropriate travel and lodging arrangements for all overnight events.
- Monitor the officer's academic progress.
- Verify that I am a certificated, credential CTE teacher.

As the adviser to \_\_\_\_\_, I agree to support his/her candidacy and, if elected, term as an FBLA State/Section Officer. I have read the State/Section Officer Candidate Guide and all application materials, and will abide by the contents.

Print Adviser's Name \_\_\_\_\_

**Adviser's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certification by School Principal (place an "x" in each box and sign)**

If, \_\_\_\_\_, is elected, I agree to:

- Support this officer if he/she is elected.
- Support the adviser's role throughout the year, including attendance at required events listed above.
- Enable the officer and adviser to attend required events.
- Allow the officer to travel according to the conditions outlined in my district's Transportation & Travel Policies
- Verify that the above named Adviser is a certificated, credentialed CTE teacher

**Principal's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

# CALIFORNIA FBLA OFFICER TRANSPORTATION CONSENT FORM

(Must be completed by all officer candidates)

Candidate: \_\_\_\_\_ Position: \_\_\_\_\_

Chapter: \_\_\_\_\_ Adviser: \_\_\_\_\_

School District: \_\_\_\_\_ School Phone: \_\_\_\_\_

### Official Travel Policies

- California FBLA expects student officers to adhere to their local school district's student transportation and chaperone policy and procedures.
- Travel for official California FBLA activities must be approved prior to departure by the Section Director/State Officers' Adviser.
- Travel that is not approved in advance will not be eligible for expense reimbursement.
- Officers must travel with their primary adviser to all CAFBLA sanctioned events.

Please **attach a copy of the school administration's student transportation & chaperone policies.**

### Transportation

The above named student may be transported to official FBLA sanctioned events by the listed approved FBLA adviser(s) below. (Must include the primary adviser). Additional advisers must come from the same school district as the primary adviser.

Adviser	School
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Chaperone Policy

The above named student must be chaperoned by an official representative of the school district at any function required of section and/or state officers in the fulfillment of their official responsibilities. **Parent or guardians may not serve as advisers unless they are a credentialed employee of the sponsoring school the officer candidate attends.** A Section or State Officer Adviser Approval Letter must be signed and submitted with this application. (See Adviser Eligibility Guidelines and Approval Letter for details.)

On behalf of \_\_\_\_\_ High School, my signature below verifies that the above modes of transportation and chaperone requirements are in compliance with our official student transportation policies.

School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below indicates that I have read and understand the enclosed student transportation policy. In addition, I agree to adhere to the above stated policies.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

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**ADVISER ELIGIBILITY GUIDELINES / APPROVAL LETTER**

*(Official Policy Adopted by California FBLA as of October 2015)*

**SECTION OR STATE OFFICER ADVISER ELIGIBILITY GUIDELINES**

Current California FBLA chapters may elect to have a member apply for a section or state leadership position. If your chapter approves of a member's candidacy, **that member must have a dedicated CTE-credentialed adviser to support them.** To be recognized as a California FBLA section or state officer adviser, an individual must:

- a. Be a local chapter adviser at the section or state officer's home school during his or her term of office.
- b. Be a certificated CTE-credentialed teacher.

**AND**

- c. Accompany the officer to all section or state officer functions<sup>1</sup>, including but not limited to:
  - i. State Leadership Conference
  - ii. State Leadership Summit
  - iii. State Executive Board Meetings (state officers only)
  - iv. Section Board Meetings
  - v. Officers and Advisers Training (OAT) Day
  - vi. Leadership Development Institute (LDI)
  - vii. Section Leadership Conference

<sup>1</sup> *If the officer adviser is unable to attend an FBLA function with his or her officer(s), an individual meeting the above qualifications must attend as the substitute adviser in order for those student(s) to participate in that function. The substitute adviser must submit a signed letter on school or district letterhead at least **10 days prior** to the scheduled event to show his or her approved adviser status from the school.*

***California FBLA reserves the right to remove a student from office if no section or state officer adviser is present at an event.***

**SECTION OR STATE OFFICER ADVISER APPROVAL LETTER**

Follow the instructions below to verify an individual's approval as the local chapter adviser or section/state officer adviser by the home school administration. **This includes both existing and new advisers.**

**STEP 1:**

Complete the Section State Officer Adviser Approval Letter to verify the status of the following individual(s) to officially fulfill the role of FBLA local chapter adviser and/or section/state officer adviser at your school.

**STEP 2:**

The local chapter adviser must submit the original signed copy with the student's application packet to verify school administration approval. **The local chapter is responsible for submitting a new letter to the State Officer Adviser to verify approval for new advisers or substitute advisers.** Email should be sent to: [stateofficersadviser@cafbla.org](mailto:stateofficersadviser@cafbla.org)

**STEP 3:**

The principal of the school sponsoring the student candidate **must send an approval email** stating that they understand the duties of a CA FBLA Section or State Officer and the responsibilities of the student officer's Adviser and that the designated adviser is a school district employee and will fulfill all of the duties required in terms of supervision and travel.

Email should be sent to: [stateofficersadviser@cafbla.org](mailto:stateofficersadviser@cafbla.org)

## SECTION OR STATE OFFICER ADVISER APPROVAL LETTER

Complete this section to verify the status of the following individual(s) to officially fulfill the role of FBLA local chapter adviser and/or section/state officer adviser at your school.

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

California FBLA Management Team:

The below named individual(s) are authorized to fulfill the duties of *(check box on left column)*

	FBLA local chapter adviser for _____ High/Middle School
	FBLA Section/State officer adviser for Student name _____ Chapter _____  Student name _____ Chapter _____

Primary Adviser Name: \_\_\_\_\_

Co-Adviser Name: \_\_\_\_\_

These individual(s) are certificated school employees at the school of the student candidate's local chapter and meet the California FBLA Adviser Eligibility Guidelines, and will actively supervise and enforce the CA FBLA Code of Conduct, CA FBLA curfew regulations, and home school policies for every local chapter member at all California FBLA events until a new adviser is named and approved, or until the chapter is no longer active.

I am the **Principal** of \_\_\_\_\_ High School

Principal's signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Best number to reach you at \_\_\_\_\_



## PERMISSION TO POST TO THE INTERNET

If elected as an officer of California Future Business Leaders of America (FBLA), your son/daughter has the opportunity to have his/her name, FBLA office, FBLA email address, school name and mailing address, and/or picture posted on the California FBLA web site. At no time will your son or daughter's home address, phone number, or personal email address be posted. California FBLA requires that every email received by your child is also automatically forwarded to his/her high school FBLA adviser.

Please indicate below if you allow California FBLA to post your son or daughter's name, FBLA office, FBLA office email address, school information, and picture on the California FBLA web site.

*Please check YES or NO and provide your signature below.*

YES                       NO

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**FBLA State/Section Office Title**

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

This document will remain in effect until **June 30, 2020**. If you have any questions or concerns, or wish to change your preferences at a later date, please contact **Sue Christensen, California FBLA Communications Manager**, at [communicationsmanager@cafbla.org](mailto:communicationsmanager@cafbla.org).