

**2022-2023 State Officer Personnel Profile**  
**New York State Family, Career and Community Leaders of America**

Officer Trainee: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent(s): \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Chapter affiliated: \_\_\_\_\_ 2020-2021 \_\_\_\_\_ 2019-2020 \_\_\_\_\_ 2018-2019

Membership in FCCLA (circle grades)      6      7      8      9      10      11

Present year in school: \_\_\_\_\_ Approximate cumulative scholastic average: \_\_\_\_\_

Enrolled in Family and Consumer Science class:      5      6      7      8      9      10      11

Current Family and Consumer Science course(s): \_\_\_\_\_

\_\_\_\_\_

FCCLA Committees/Special Contributions: \_\_\_\_\_

\_\_\_\_\_

Local Offices: \_\_\_\_\_

District Offices: \_\_\_\_\_

Leadership Training: \_\_\_\_\_

School/Community Activities: \_\_\_\_\_

\_\_\_\_\_

Home/Family Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Future Plans: \_\_\_\_\_

**\* Attach a statement describing your goals as a State Officer \***

**As a State Officer, I promise to abide by the FCCLA Code of Conduct, uphold the purposes of the organization, and follow through on my commitment to FCCLA. I understand that if I do not attend all of the following required meetings without good reason and without notifying the state coordinators, I may be removed from office.**

2021 Summer Leadership Training

2021 Fall Planning Meeting

2022 State Leadership Conference

2022 National Leadership Conference

2022 Summer Leadership Training

2022 Fall Executive Council Meeting

2022 Rehearsal

2023 State Leadership Conference

District functions and other meetings of my office

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My son/daughter has my permission to accept all the responsibilities of an officer of New York State Family, Career and Community Leaders of America.**

Parent/Guardian Signature: \_\_\_\_\_

**I recognize that this nomination requires the attendance and active participation of both student and adviser at the State & National Meetings listed above. I agree to accept these responsibilities.**

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

District Adviser: \_\_\_\_\_ District: \_\_\_\_\_

**I recognize that being a state officer requires both the student and adviser to attend State & National meetings, and I agree to support this nomination.**

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

**Form should be returned to Lisa Thomas, 17 Mohawk Drive, Lisle, NY 13797 by 6/1/21.**