

Nebraska FCCLA Board of Directors Application Information

Guidelines for Service

- Applicants must have served as a chapter adviser for at least 2 years prior to the time their term on the Board would be set to begin
- Approval by local school administrator

Responsibilities

- Attend 2-3 business meetings each year
- Maintain regular email communication with the State Adviser
- Attend State Leadership Conference
- Assist in financial and programmatic decisions of the State Association
- Complete details can be found on in the Nebraska FCCLA Operational Procedures and Bylaws

Payment

- No payments are given to any member of the Board of Directors
- Meals and lodging are arranged for all Directors as needed
- Directors are responsible for turning in any mileage requests and will be reimbursed at the approved rate

Applications must be received by the State Adviser by end of day on Friday, March 17, 2017. They can be emailed to allison.kreifels@nebraska.gov. Candidates will be notified by Friday, March 31, 2017.

Nebraska FCCLA Board of Directors Application

Please indicate which Board of Directors term you are applying for:

_____ Region B Representative (June 1, 2017-May 31, 2020)

_____ Region D Representative (June 1, 2017-May 31, 2020)

Name: _____ FCCLA Region _____ FCCLA District: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

School District: _____ School Phone: _____

School Address: _____ City: _____ Zip: _____

Principal Name: _____ Superintendent Name: _____

Describe your experience in FCCLA. Please include all roles of leadership, programming experience, and leadership development experience of students.

Describe any participation you have had on a Board and/or experience working with a community club or foundation.

Why do you want to serve on the FCCLA Board of Directors? What can you bring to the Board?

I hereby submit my application to be considered a member of the Nebraska FCCLA Board of Directors. I understand my responsibilities as a member of the Board and will fulfill them to the best of my abilities.

Applicant Signature

Date

The above candidate has our support for application as a member of the Nebraska FCCLA Board of Directors. Our District will do its best to support this individual in the fulfillment of their duties.

Administrator Signature

Date

Administrator Name, Title