Kansas FCCLA – Policy and Procedure Manual **Appendix B**

Application Form Team Member Agreement Peer Education Team Code of Conduct Social Media Code of Conduct Expenses Reimbursement Request Form Peer Education Selection Score Sheet

KANSAS PEER EDUCATION TEAM MEMBER APPLICATION FORM

Email received at State Office by February 10

- Sixteen peer education team members will be selected. Teams to be determined.
- Team members will be selected and notified prior to State Leadership Conference.
- Three applications are allowed per chapter.
- Candidates must be 9th grade or above during year of term.
- Candidates must have completed 1 credit of FCS classes before accepting their peer education position, submit transcripts or a copy of school schedule

Candidate Information: Please Type			
District:	Chapter Name:		
Candidate Name:	Guardian/Parent:		
Number of years in FCCLA:	Current Age:		
Candidate E-mail address:			
Home Mailing Address:	City:	Zip:	
Home Phone:	Candidate Cell Phone Number:		
Advisor's Name:	Advisor's Home Phone:		
Advisor's E-mail:	Advisor's Cell Phone Number:		
School Mailing Address:	City:	Zip:	
School Phone:	School Fax:		
National Programs: Indicate which programs y Stand UP	you have experience v Financial Fitnes		
	Families Acting for Community Traffic Safety		
	Student Body		
_	Career Connecti	on	
Written Application Guidelines: 1. Type a list including the following information	_		

or community (anything that would identify student's home community) Bullet items.

Name at top of page (this will be blackened out before judging)

- Bullet List FACS classes taken and course length.
- Current age and years of membership in FCCLA, and Grade in School.
- Bullet list your participation in FCCLA at the local, district, state and national levels (including offices and peer education experience)
- Bullet list your experiences with peer education outside of FCCLA- Community Service or Leadership Opportunities.
- Describe in 50 words or less, why you want to be a peer ed. member.
- Create a video 1-2 minutes in length following the guidelines provided in the "Video Guidelines" Section.
- Candidates will be evaluated based upon peer education experiences within and outside of FCCLA, FACS classes taken, leadership within FCCLA and ability to communicate in written and oral forms. See the "Score Sheet Outline" section for more information.
- Enclose a copy of the Chapter's Affiliation with date and member's name highlighted for each applicant.
- Attach a copy of applicant's transcript or schedule of classes.

VIDEO GUIDELINES:

- 1. The presentation is to be on a National program of the candidate's choice. (see National Programs list)
- 2. The video is to be 1-2 minutes in length and begins with first audio sound, music or voice. (-2 deduction if under 1 minute or over 2 minutes in length)
- 3. The <u>VIDEO</u> must <u>not</u> include the candidate's school, district or name as part of the script, props or background. (-2 deduction if included per occurrence)
 - Please <u>include your name</u> in the <u>VIDEO TITLE</u> but not within the video.
- 4. Review the score sheet outline below to see the scoring for the written and video/recording as well as the deductions possible.
- 5. If the <u>VIDEO</u> has a backdrop, please make it simple so as not to distract from the candidate or props.
- 6. Use a tripod to film so the movement of the camera is minimal.
- 7. If editing, make sure the change has a smooth transition.
- 8. Label the file with candidate's name and school for identification.
- 9. Be sure to zoom in on props and displays if used.
- 10. Speak clearly.
- 11. Please review the video before sending to keep imperfections to a minimum.
- 12. Others may assist. Limit speaking parts. (past or current Peer Ed members, district officers or state officers are not allowed to have a speaking part).
- 13. Upload the video into Google Drive and make it <u>shareable with</u> the Peer Education Coordinator and State Adviser.

Other Guidelines

- 14. A minimum score of 70% is required for the candidate to be considered for the peer education team. A score lower will result in disqualification.
- 15. <u>Application emailed</u> after the deadline OR recordings uploaded in wrong format will be disqualified. If you do not have google available, please contact us.
- 16. **Deadline is February 10.**

Helpful Hints√ Be Creative

√ Dress the part

- $\sqrt{}$ Be comfortable in front of the camera
- $\sqrt{\text{Check for good sound on more than one computer}}$
- √ Center your video around your interests and talents
- √ Use your 2 minutes wisely
- $\sqrt{}$ Show as much experience and knowledge as possible
- √ Show your personality
- $\sqrt{\text{Try to memorize-}}$ read off the script as little as possible

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PEER EDUCATION TEAM MEMBER AGREEMENT

PERSONAL/FAMILY OBLIGATION

provision.

My parents and I understand the obligation of this position, the requirements to attend all meetings asked of me, and the responsibility for all personal expenses beyond those paid by the local, district, or state associations. The state or local association will not be held responsible in the event of an accident. I will allow my name and picture to be released for publicity purposes on web pages, brochures, etc. My privacy will be maintained by keeping school name, personal and school addresses, phone numbers and e-mail addresses confidential. If elected, I will serve to the best of my ability. Signature of applicant Signature of parent/guardian Date Date SCHOOL OBLIGATION We understand the commitments inherent in this office and pledge our support and assistance if the candidate is elected. Obligations include attendance at all team meetings, some that will occur during the summer and some during the school year. By signing below, the advisor pledges to provide guidance and direction to the candidate during the term of office and understands that the local chapter and candidate must remain in good standing with the school, state, and national FCCLA offices of the association or the candidate may be removed from the position. It is understood that the local advisor, or another adult who has approval of the school district, will accompany the student member to all team related events. We at (school) realize that, should a student from our school be selected to serve on the State FCCLA Peer Education Team, he/she will be required to miss school days for workshops and presentations. The applicant, , has the full support of our school. It is understood that the local advisor, or another adult who has approval of the school district, will accompany the student member to all team related events. Administrator's signature Adviser's signature Title Date Note- Signatures of the building administrator and advisor where the student will be attending classes for the specified year

are required. If you are changing buildings due to grade level or any other reason, please be aware of this

Kansas Family, Career & Community Leaders of America

Peer Education Team Code of Conduct

All meetings and activities of Kansas FCCLA are educational functions and plans are made with that objective in mind. Your behavior at these meeting and activities is a direct reflection of Kansas FCCLA. The Kansas Association wants every person to have an enjoyable experience with maximum attention to safety and comfort. The following policies are mandatory and non-negotiable. These policies will be enforced for every peer education team member attending a local, district, state or national FCCLA activity of the Kansas Association.

I, as a Peer Education team member of Kansas Family, Career & Community Leaders of America will NOT:

- 1. Possess or consume the following, which includes but is not limited to: tobacco, cigarettes, vape, cap or e-cigarettes, nicotine products, alcohol or any other illegal drugs.
- Use the internet/social media in any way that will degrade myself, others or Kansas FCCLA, Sign the social media contract.
- 3. Use vulgar language or use any offensive verbal communication that may cause anger or may alarm anyone.
- 4. Wear inappropriate clothing to FCCLA meetings, which include jeans, flip-flops, hats or any other item of clothing that advisors feel is demeaning to the organization as a whole.
- 5. Use any audio device during an FCCLA meetings (ex. Cell phones, iPod's, CD Players, etc.) and will keep the items off atall times.
- 6. Leave any meetings without permission of an advisor.
- 7. Make charges to my hotel rooms and keep my hotel room clean when traveling under Kansas FCCLA.
- 8. Break any establish curfews.
- 9. Discriminate against any person due to age, race, gender, religion or sexuality.
- 10. Be found to have committed a felony by court of law or adjudicated for a felony including probation.

I, as a Peer Education team member of Kansas Family, Career & Community Leaders of America will:

- 1. Attend all meeting sessions for the entirety for which I am registered.
- 2. Properly secure all valuables and be cautious in displaying these items. The State association well not be responsible for any lost or stolen items.
- 3. Review agendas with advisors & keep them informed of my location and activity at ALL times.
- 4. Meet other students or adults in public meeting areas. Other sleeping rooms are off limits without the permission of an assigned chaperone or advisor.
- 5. Behave professionally at all times; be courteous to all guests and friendly to other delegates. Respect the rights of others and use proper protocol at ALL times.
- 6. Attend all meetings I am required to be in attendance for, which include State Leadership Conference (2 years), Peer Education team meetings or trainings, National Leadership Conference, Take AIM and or/ any meetings required for my position.
- 7. Behave in such a way that reflects me as a person, my school and the organization as a whole, in a positive manner.
- 8. Remember that I am a member of a team, and work together to better Kansas FCCLA

ALL RULES OF MY SPECIFIC SCHOOL AND DISTRICT WILL ALSO APPLY WHEN AT FCCLA ACTIVITIES.

from any meeting/ conference and ma violated and needed review, the Peer 1	y be responsible for any reimbursement of the S	tate Association for all expenses relating to this event. If Education current President and/or Secretary and/ or Treasurer
Date	Participant's Signature	
	she violated the conduct policies and/or his/her c	te staff has the right to send our son/ daughter home from the onduct had become a determent to the activity or image of the
Date	Parent/ Guardian Signature	



KANSAS FCCLA

Social Media Code of Conduct

, agree to follow all the guidelines of Family, Career and Community Leaders of America (FCCLA) with regard to social media use. This includes, but is not limited to, Facebook, Twitter, Pinterest, Vine, Tumblr, and Instagram. As an elected officer of Kansas FCCLA, I agree to the following:

- I will not post any content on my social media pages that reveals myself or anyone else participating in any illegal activity or other questionable activities
- I will not say anything derogatory towards a specific religious or political group
- o I will not post any pictures or statuses that reveal inappropriate public displays of affection (PDA)
- I will not post any content with vulgar language

In addition, officers will abide by the following guidelines:

- o My posts on any social media site will reflect that of a real-life teenager but also that of an FCCLA officer. This will include:
- Using proper grammar in every post on social media
- Maintaining a positive and professional image
- Wearing appropriate clothing in a modest manner
- o I will promote FCCLA and build excitement for members through my social media pages whenever it is asked of me
- I will support the other officers on social media with regard to FCCLA and personal activities
- I will keep the other officers accountable for their actions on social media by use of private messaging and in connection with an appropriate advisor. When others ask for removal of a certain post, I will respect that opinion and take down the post.
- o I will always be respectful on social media.
- If I am found in violation of any of these areas, the appropriate advisor and governing body will decide upon a consequence that fits the transgression.

Signature of officer:			
Date:			

Peer Education Expenses Reimbursement Request Form

Please forward to State Adviser within two weeks of purchase for reimbursement.

	Team Name:				
	Team Leader:_				
	Payment is to b	e made to:		_	
	Address for Re	cipient of Check:		_	
				_	
		Original receipts must be attached t	o receive payment.		
	Date Purchased	Item Purchased		Cost	
	1 0110100				
Signature	of Team/Chapte	r Adviser:			
Nata Sant	to State Adviser	:			
Date Sent	to state Adviser	•	_		
		FOR STATE OFFICE USE O	<u>NLY</u>		
	Date Receive	ed:			
	State Advise	r Signature:			
	Date Paid: _				
			C0.1.D	A	al i s:

Peer Education Selection Score Sheet - Applicant # _____

I. Written Materials: 40 pts possib

FCCLA Experience (Local, District, State, Region, National)	- 20 pts possible	
Peer Education (Within and outside of FCCLA)	-10 pts possible	
Format, Grammar, Punctuation, Neatness, Completeness -10	pts possible	

II. Video Presentation: 50 pts

Content and Knowledge of National Program	- 20 pts possible	
Poise and Delivery	-10 pts possible	
Appropriate appearance according to video	-10 pts possible	
Creativity and Imaginative Props	-10 pts possible	

III. Deductions: 10 pts (-2 per occurrence, not to exceed a total of 10 pts.)

No deductions (10 points given unless the following are found)	+ 10 pts	
Name said or displayed in video	-2	
Name said or displayed on resume page (other than top of page)	-2	
School or community included on resume page	-2	
School or community displayed or said in video	-2	
Not uploaded into Google Drive	-2	
Video timing under one or over 2 minutes	-2	
51 or more words in essay	-2	
Incomplete Application (missing documents or information)	-2	
Exceeds page limit	-2	

TOTAL SCORE