# DISTRICT III OFFICER APPLICATION

Arkansas Future Business Leaders of America

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | Office Sought: |  | |
| School: |  | | | | | | |
| School Address: | | |  | | | | |
| School Phone: | | |  | | | | |
| Parents/Guardians: | | |  | | | | |
| Home Address: | | |  | | | | |
| Home Phone: | | |  | | | | |
| Candidate Personal Email: | | |  | | | | |
| District Offices Held: | | |  | | | | |
| FBLA BAA Achieved: (If running for the office of President/State VP, student must have achieved the **ONE LEVEL** of the Business Achievement Awards to be placed on the ballot.) | | | | | | |  |
| Competitive Event Entering This Year: | | | |  | | | |
| Current Grade | | Freshman ☐ Sophomore ☐ Junior ☐ | | | | | |
| Statement of Qualifications  Extracurricular Activities:  Business Classes Completed:  Part-Time Jobs: | | | | | | | |
|  | | | | | | | |

**CANDIDATE CONSENT:**

As a candidate for this office, I have read the duties of this office (found in the State Handbook in the District Supplement section). I understand that I am required to attend the activities listed on the below and I will complete my duties as directed by the District Coordinator and/or State Adviser. If I am elected and am not in attendance during the **FULL** time of the below-required activities, I understand that I will be asked to resign immediately.

**ALL OFFICERS (Please initial beside each meeting to indicate that you understand the following meetings are required.)**

1. **ALL OFFICERS & OFFICER ADVISERS:** State Leadership Conference, April 29-30, 2024, Little Rock
2. **ALL OFFICERS & OFFICER ADVISERS:** District III Officer Training, August 2024, School of Current President
3. **ALL OFFICERS & OFFICER ADVISERS:** District III Fall Conference, October/November 2024, Stuttgart
4. **ALL OFFICERS & OFFICER ADVISERS:** District III Spring Conference, January/February 2025, Stuttgart

**President/State VP ONLY (ADDITIONAL DUTIES)**

1. **PRESIDENT & his/her ADVISER ONLY:** State Officer Training, May 29-31, 2024, ATU, Russellville
2. **PRESIDENT & his/her ADVISER ONLY:** National Conference, June 29-July 2, 2024, Orlando, Florida
3. **PRESIDENT & his/her ADVISER ONLY:** National Fall Conference, TBA November 2024
4. **PRESIDENT & his/her ADVISER ONLY:** Mid-Year State Executive Council Meeting, December, 2024, Russellville
5. **PRESIDENT & his/her ADVISER ONLY:** State Leadership, April 6-8, 2025, Little Rock

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(Signature of Candidate)

**PARENTAL CONSENT:**

As parents of this officer applicant, I will see that he/she attends **ALL** the required meetings as listed above and initialed by officer applicant. I understand that it is the adviser’s responsibility to attend each meeting with the officer.

If your child is elected and is not in attendance during the **FULL** time of the above-required activities, he/she will be asked to resign. The FBLA State Executive Council and Board of Directors made this decision in hopes that the newly elected officer will get the complete benefit of being a leader in our organization, and will be trained to become an outstanding leader.

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(Signature of Parent/Guardian)

**ADVISER CONSENT:**

|  |  |
| --- | --- |
| Adviser’s Name |  |
| Home Address: |  |
| Home Phone: |  |
| Adviser Email: |  |

**ADVISERS (Please initial beside each meeting to indicate that you understand the following meetings are required.)**

1. **ALL OFFICERS & OFFICER ADVISERS:** State Leadership Conference, April 29-30, 2024, Little Rock
2. **ALL OFFICERS & OFFICER ADVISERS:** District III Officer Training, August 2024, School of Current President
3. **ALL OFFICERS & OFFICER ADVISERS:** District III Fall Conference, October/November 2024, Stuttgart
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As adviser, I **ACCEPT** the responsibility of traveling with this student to all meetings and conferences at the District, State, and National levels that would be required if my student is elected. I understand I must attend these meetings with my student due to duties I will be assigned as well. If your student is elected and is not in attendance during the **FULL** time of the above-required activities, he/she will be asked to resign.

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(Signature of Adviser)

**ADMINISTRATION CONSENT:**

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| --- | --- |
| Administrator Name: |  |
| Administrator Position: |  |
| Office Phone: |  |
| Administrator Email: |  |

The administration of the school supports the student candidate and chapter adviser. It is understood that if the student is elected there will be a certain amount of travel required by both the student and the adviser, and the two will be allowed to participate in the above listed FBLA activities.

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(Signature of Administration)

# ARKANSAS FBLA OFFICER CODE OF PROFESSIONAL CONDUCT

As the elected representatives of the student members of District III and Arkansas FBLA, officers assume and accept a high degree of responsibility to conduct themselves in a manner that brings credit to themselves, the organization and the members.

Because ultimate responsibility for the state’s finances, procedures and policies of necessity remain the sole purview of the Financial Director and/or FBLA Foundation the officers are precluded from:

* Entering into any contractual relationship on behalf of the organization and
* Committing the organization to any policy without specific authorization of the District III Coordinator or State Adviser.

By signing this State Officer Code of Professional Conduct, individual officers agree to abide by the policies described below and to assume responsibility for their conduct while serving as a FBLA officer. The specific areas of violation are listed to provide guidance to the officer and are not to be considered as all-inclusive.

**CATEGORY 1 | PROFESSIONAL RESPONSIBILITIES AND STANDARDS**

As a District III FBLA officer, I will:

* complete and submit all reports and assignments on time and correctly formatted.
* attend and participate in all called meetings, conferences (attend all conference sessions for the entirety of each session) and appointments.
* comply with all conference rules and regulations including curfews, dress codes, etc.
* abide by the officer dress code while representing Arkansas FBLA.
* maintain consistent communication with teammates, members, District III Coordinator and State staff members.
* follow instructions given by the District III Coordinator and State staff.
* not use tobacco products.
* not use profanity or other vulgar or inappropriate language or behavior.
* not lie, cheat or steal.
* not consume or possess alcoholic beverages.
* not engage in any activity that may be perceived as violating the rules of conduct for the function I am attending as a District III/State officer (follow the higher standards of conduct of either the function or the Officer Code of Conduct).

**Violations of the Professional Responsibilities and Standards may result in probation, travel suspensions and, ultimately, removal from office. These violations are focused on the officer’s representation of District III and Arkansas FBLA at any activity. Violations will be documented and penalties assessed by the District III Coordinator and/or State Adviser.**

**CATEGORY 2 | CONDUCT UNBECOMING AN FBLA OFFICER**

As a District III/Arkansas FBLA officer, I will not:

* violate the law, including but not limited to:
  + consuming or possessing alcoholic beverages, tobacco, vapes, or other controlled substances.
  + theft or other felony crimes.
* represent someone else’s work as my own.
* engage in any manner of sexual conduct/harassment or other activities that may discredit the organization (includes written, electronic, or verbal comments and all forms of physical contact).
* discriminate against others.
* violate one or more of the Professional Responsibilities and Standards to a degree deemed as extreme by the District III Coordinator, State Adviser, and/or Arkansas FBLA (i.e., using excessive profanity to a staff member or adviser, excessive use of alcohol even if of legal age, acting in any way that would be considered disrespectful to adults or bullying towards other members or advisers, etc.).

**Violations of Conduct Unbecoming a FBLA Officer will result in travel suspensions or removal from office. A violation of the Conduct Unbecoming a FBLA Officer does not necessarily have to be associated with the officer’s representation of District III or Arkansas FBLA. Violations will be documented, and penalties assessed by the District III Coordinator and/or the State Adviser.**

The officer will be notified in writing of any violation when the penalty is assessed.

I, ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree to this Code of Conduct.

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| --- | --- | --- |
| *Officer’s Signature* |  | *Date* |

I have read the above and understand this Code of Conduct as it pertains to the officer.

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| *Parent/Guardian Signature* |  | *Date* |

|  |  |  |
| --- | --- | --- |
| *Chapter Adviser’s Signature* |  | *Date* |

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| --- | --- | --- |
| *School Administrator’s Signature* |  | *Date* |

# OFFICER COMMITMENT FORM

To the very best of my abilities, I will strive to…

* Present myself and FBLA in a professional manner always.
* Make FBLA a priority for my term in office.
* Become knowledgeable in competitive events and all other FBLA programs.
* Travel and complete assignments given to me as a duty of my office.
* Maintain regular communications with my constituents, my Officer Team members, my District Coordinator, and the State Adviser.
* Develop into a competent and professional speaker through preparation and practice.
* Accept, internalize and seek feedback throughout my term.
* Serve as a contributing member of the Officer Team, always maintaining a cooperative attitude.

Further, I will strictly adhere to the Officer Code of Professional Ethics.

* I will not consume/use any alcohol, tobacco or drugs.
* I will be present a professional image for all occasions, dressing above what is expected.
* I will conduct myself in a manner that inspires respect through my actions, not through a show of superiority.
* I will avoid places and activities that in any way could raise questions as to my moral character or conduct.
* I will use appropriate language in all formal speeches and informal conversations.
* I will treat all FBLA members equally and not knowingly engage in conversations detrimental to FBLA members, advisers, or staff.
* I will advise the District III Coordinator and/or State Adviser concerning all activities in which I participate as a representative of Arkansas FBLA.

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| --- | --- | --- |
| *Officer’s Signature* |  | *Date* |

I have read the above and understand this code of conduct as it pertains to the association officer.

|  |  |  |
| --- | --- | --- |
| *Parent/Guardian Signature* |  | *Date* |

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| *Chapter Adviser’s Signature* |  | *Date* |

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| *School Administrator’s Signature* |  | *Date* |

# NON-DISPARAGEMENT FORM

I agree that during my term as a District III and Arkansas FBLA officer and any time thereafter, I shall not through any form of communication with the members, public, partners or media, disparage District III FBLA, Arkansas FBLA, FBLA members, or FBLA advisers in any way, nor shall I encourage others to do the same.

I understand that forms of communication include, but are not limited to: social media, websites, blogs, vlogs, public forums, interviews, record statements, email, and other written or verbal correspondence.

I understand that disparagement includes, but is not limited to: critiques, derogatory statements, ridicule, slander, jokes or insults that diminish the reputation, goodwill or interests of District III and Arkansas FBLA or any of its employees, past or current officers, members of its board, partners, products or services.

Exception for Compelled Truthful Statements. Nothing in this agreement shall prevent the officer from making truthful statements that are required by applicable law, regulation or legal process.

Violations of the Non-Disparagement Form may result in probation, travel suspensions, and/or, removal from office. Violations will be documented, and penalties assessed by the District III Coordinator and/or Arkansas FBLA staff.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree to this Non-Disparagement Form.

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| --- | --- | --- |
| *Officer’s Signature* |  | *Date* |

|  |  |  |
| --- | --- | --- |
| *Parent/Guardian Signature* |  | *Date* |

|  |  |  |
| --- | --- | --- |
| *Chapter Adviser’s Signature* |  | *Date* |

|  |  |  |
| --- | --- | --- |
| *School Administrator’s Signature* |  | *Date* |