STATE PEER OFFICER TEAM (SPOT) APPLICATION

 Only one applicant per chapter will be selected to serve on each team, however, more than one applicant from a chapter may be selected as a finalist for interview at State Leadership Conference (SLC).



- Applicants may only apply for one team per year.
- An applicant for any team shall not be a present or former member of any State Peer Officer Team (SPOT).
- Applicants for ALL teams will be evaluated on the following criteria:

Application	Due to the State Adviser by December 15			
Written Test	Members will have to demonstrate knowledge from the SPOT study guide as well as general FCCLA knowledge. A study guide will be available to finalists.			
Presentation	Presentation A 2-3 minute presentation on a selected topic. Some type of visual aid and/or prop is required.			
Personal Interview	This will be conducted by the same panel who evaluates the presentation.	30 points		

- Those selected to teams will be required to attend the following meetings:
 - June SPOT Training 1 day (2nd Tuesday in June)
 - Note: chapter advisers are strongly encouraged to attend this meeting
 - September meeting held at Fall Leadership Workshop 2 day meeting (1 school day)
 - February Peer Education Conference 2 days (1 school day)
 - April State Leadership Conference 3 days (2 school days)
 - o At least 1 to 2 Zoom Meetings as scheduled
- Those selected to the teams are strongly encouraged to attend the following meeting:
 - National Leadership Conference 6-8 days in late June/early July
- Team members will be required to make presentations at one or more District Leadership Conferences.
- Based on stated priority of each candidate and total cumulative points from the established selection procedures, the following five office positions will be selected: Chairperson, Vice Chairperson, Secretary, Public Relations Chairperson and Historian.
- One person from each team will also be selected to serve on the SPOT Council. Based on stated priority and cumulative points from the established selection procedures the following office positions will be selected: Coordinator, Vice Coordinator and Secretary.
- Refer to the state "FCCLA Operational Policies" document found on the Nebraska FCCLA website for more specific information on SPOT policies and responsibilities for team members.
- Two Personal Profile forms are to be completed and returned with the application. One must be completed by the applicant's chapter adviser and the other by an adult school staff member familiar with the applicant's qualifications. If the applicant's chapter adviser is also their parent, select another adult school representative to complete the Personal Profile. These must be submitted with the application and may be directed to the chapter adviser.
- Save a copy of this form to your computer in order to complete it. If you do not save a copy to your computer, your information will not be saved as you type.
- Complete this form, get the necessary signatures, include the Personal Profiles, and submit electronically to the State Adviser. No additional pages beyond the number of pages in the original application may be submitted.

All materials should be submitted electronically to:

Nebraska FCCLA State Adviser stateadviser@nebraskafccla.org

STATE PEER OFFICER TEAM APPLICATION

Due December 15 to the State Adviser

Check app	opriate team:		Family Lead	der		Career	Leader		Community Leader
Name	Name Current Grade in School								ool
Address						Phone			
City	Zij	p Code		Em	nail		I		
Chapter						Chapte	r Address		
City		Zip C	Code			School	Phone		
Adviser						Adviser			
	g to compete in l		STAR Even	ts.	Ye	5	No	0	
Please indicate your rank order, 1-5, for each of the SPOT office positions you would like to hold:									
	Chairperson		\	Vice Cha	irpersor	ı		Public Re	elations
			Secretary			His	torian		
1 Why do ye	ou believe you w	ould be	an asset to	this tear	n?				
2. What doe	s Peer Educatior	n mean	to you?						1

2. List the year(s) of FCCLA attendance at conferences and events and indicate any special responsibilities assumed, when appropriate. Some responses may be blank.
District Level
State Level
State Level
National Level
3. List experiences you have had with FCCLA, Family & Consumer Sciences Education, your school, and your community
that have helped to prepare you for this position. Family & Consumer Sciences/Family & Consumer Sciences Related Courses:
Family & Consumer Sciences/Family & Consumer Sciences Related Courses:
FCCLA Leadership Activities:
T GOLA LOGICATION AND AND AND AND AND AND AND AND AND AN
STAR/Power of One:
Other School Activities:
Community I and analysis Activities
Community Leadership Activities:

SIGNATURE PAGE

My parents and I understand the obligations 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 Association will not be held responsible in the event of an accident. I understand the responsibilities and requirements of this office and, if elected, I will serve to the best of my ability. I also understand that my presentation at SLC may be recorded and if chosen, may be used with advisers to provide examples of high-quality presentations. I understand that if selected to a team, I will assume the cost of purchase for the required team uniform. Blazers may be available for purchase from former members or the State Association at a lower cost.

Signature of Applicant	 Date	
Signature of Parent or Guardian	 Date	
We understand the commitments inherent in the Obligations include attendance at all team mee year. By signing below, the adviser pledges to and understands that the local chapter must re or the candidate may be removed from the pose approval of the school district, will accompany	etings, some that will occur during the provide guidance and direction to the main in good standing with the state a ition. It is understood that the local	summer and some during the school candidate during the term of office and national offices of the association adviser, or another adult who has
Our school realizes that should this student from will be required to miss approximately 5-8 days Nebraska FCCLA State Peer Officer Team has another adult who has approval of the school d	s of school for workshops and present s the full support of our school. It is un	ations. This applicant for the derstood that the local adviser, or
Administrator's Signature	Title	Date
	 Date	

NEBRASKA FCCLA SPOT APPLICANT PERSONAL PROFILE

			Mark X in the appropriate column below			
Can	didate Name:	5 (superior	4) (excellent)	3 (good)	2 (fair)	1 (poor)
CHA	RACTER					
1.	Acceptable personal appearance (well-groomed)					
2.	Shows interest in position					
3.	Acceptable personal behavior					
4.	Personal traits: honesty, trustworthiness, effort, sense of humor, enthusiasm, attitude, ability to accept criticism	f				
SCH	<u>OLARSHIP</u>					
1.	Classwork (Family & Consumer Sciences and others)					
2.	Ability to carry out instructions					
3.	Effort, in terms of ability					
LEA I 1.	<u>DERSHIP</u> Ability to express self; clearly explain facts & ideas to oth	ners				
2.	Punctuality, including meeting deadlines					
3.	Organization ability (possesses skills to serve as state le	eader)				
4.	Assumes responsibility					
5.	Works well with others, is a team player					
6.	Ability to use time well					
SER	VICE					
1.	Chapter: knowledge of organization, participation, intere	st				
2.	Home: family members & student are willing to cooperat working out needed transportation, use of time, money, home responsibilities					
3.	School: participates in worthwhile activities in proportion whole school program, home obligations, & personal time					
4.	Community (other youth organizations)					
	rall, do you truly feel that this student is ready to assumber of a Nebraska FCCLA State Peer Officer Team?		sibilities an	d obligati	ons of bei	ng a
	Yes No					
Sign	ed Name Printe	ed Name				
Posi	tion or Title Date					