# STATE OFFICER APPLICATION MATERIALS

The STATE OFFICER CANDIDATE application form must include the following:

1. Complete application form

NO additional pages or lines may be added

Use a size 11-point font

**All signatures must be included**

1. Media information (including photo that can be used in press releases).
2. Signed conduct agreement
3. THREE recommendations:
	1. from your chapter advisor
	2. from sources other than your parents

**(These recommendations must be sent in by the people writing them, DO NOT include them with your application)**

Send to:

Montana FFA Association

PO Box 172855

119 Linfield Hall

Bozeman, MT 59717

**All State Officer applications must be in the Association Office in Bozeman by 5 PM on February 15th — NO faxes will be accepted!**

 **Mail to: Montana FFA Association**

**PO Box 172855**

**119 Linfield Hall**

**Bozeman, MT 59717-2855**

**Any questions** — call Jim Rose at 406-994-7050, 406-220-3300 or e-mail to ffajrose@gmail.com

# MONTANA STATE FFA ASSOCIATION

**State FFA Officer Application**

Text is limited to the space given in each fillable text box — if the limit is exceeded, lines will be cut off when the document is printed. Arial, 11-point font is used.

|  |  |  |
| --- | --- | --- |
| Name of Applicant:  | FFA Chapter:  | Date of Birth:  |
| Home Address:  | Home Phone:  |
| Other Phone:  |
| College or Other Address:  | Email:  |
| Years of FFA Membership:  |
| Name(s) of Parent/Legal Guardian(s):  | Chapter Offices Held:  |

Which State FFA Office do you desire? Why?

What special qualities, talents and/or strengths would you bring to a State FFA Office?

List the school and community leadership activities you have participated in:

List five significant leadership positions/experiences and what you learned from each (all examples do not need to be FFA/Ag-Ed related, these can include class offices, 4-H,

sports, etc. . . .)

1.

2.

3.

4.

5.

Describe ten rewarding FFA/Ag-Ed experiences. Why was each meaningful for you?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Describe your SAE (goals, growth, how it relates to your future goals, etc.)

Describe the five most important qualities a Montana FFA State Officer should possess:

If you were elected to serve as a State Officer, what message would you want to share with Montana FFA members? Why?

**Are you planning on attending Montana State University Bozeman if elected?** Yes

**For those attending MSU-Bozeman, scholarship opportunities exist.** No

**By the signature below I understand and agree to devote the time needed to carry out the duties and obligations associated with being a state officer in Montana.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Date Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Administrator Signature Date School Administrator (Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Advisor Signature Date Chapter Advisor (Printed Name)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Year in School: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Permanent home address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Permanent phone number:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Local daily newspaper (if any) Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Local weekly newspaper (if any) Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT: Must attach a picture of yourself.**

**Return to**: Montana FFA Association

 P.O. Box 172855

 119 Linfield Hall

 Bozeman, MT 59717-2855

**MONTANA FFA ASSOCIATION**

**STATE OFFICE PERSONAL CONDUCT AGREEMENT**

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IF ELECTED TO A STATE OFFICE, I AGREE TO:**

1. Conscientiously serve the Association and assist FFA members and chapters.
2. Set a positive example for members of the Montana FFA Association as a good student, a good speaker, a responsible and courteous person, and a good citizen.
3. Be neat in dress and personal appearance, wearing FFA official dress on proper occasions.
4. Refrain from use of tobacco, alcohol, drugs, and profanity. Severity of the offense (ie., MIP, DUI, illegally sharing of items on social media, etc.) could result in immediate dismissal from the team. Non-intentional associations – the officer would be referred to the board for explanation.

Initial offense – Officer would go through a state advisor or board determined probationary period which would include no participation in FFA activities.

-Any subsequent offense, the recommendation would be immediate dismissal, the final decision being made by the executive board.

1. Not be involved in unsafe, irresponsible, and/or illegal conduct.
2. Memorize my part for the Opening and Closing Ceremonies, State FFA Degree Ceremony, Honorary FFA Degree Ceremony, and Installation of Officers Ceremony.
3. Represent the Montana FFA Association creditably at chapter banquets, meetings, and other gatherings when asked to do so.
4. Speak on behalf of the FFA as required.
5. Keep in contact with chapters, members and friends of the FFA, and strive to know as many members as possible.
6. Thoroughly familiarize myself with the Official FFA Manual, State and National Constitutions, Parliamentary Procedure, the Montana FFA Association Program of Activities, Association Policies and Procedures, and the total agricultural education program.
7. Encourage FFA members to take an active part in FFA, school and community affairs.
8. Strive to maintain a good working relationship between FFA and the public.
9. Strive to improve my leadership ability and give as much time as required to carry out my duties as a state officer during the year.

14. Be enthusiastic, speak well and clearly, and use proper grammar at all times.

**By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of the office, agree to these behavioral expectations, and pledge to abide by them. Any infractions of this conduct agreement will be dealt with as described in the State Officer Discipline Policy.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CERTIFICATION OF PARENT (S)/GUARDIAN(S)

As custodial parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Parent or Legal Guardian) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Parent or Legal Guardian) Signature Date