

**California Association FHA-HERO
APPLICATION FOR REGION OFFICER CANDIDATE**

The following candidate application should be sent to the Region Coordinator by January 31.
This application must be typed.

The _____ chapter of the California Association FHA-HERO nominates:

Name: _____ as candidate for Region Officer

Mother/Guardian Name: _____

Father/Guardian Name: _____

Student's Residence Address: _____

City: _____ Zip: _____

Home Telephone No: (_____) _____

Email Address: _____

Name of school applicant will attend during the coming year:

City _____ Zip _____ District _____

FHA-HERO Region _____ County _____

Number of years enrolled in Home Economics Careers & Technology (HECT) Program: _____
(Circle grade courses taken in) 7, 8, 9, 10, 11

List titles of HECT courses taken: _____

Number of years membership in FHA-HERO: _____ Current GPA: _____

Overall GPA: _____

Grade for coming school year: (Circle grade) 8, 9, 10, 11, 12

Qualifications

a. The candidate has held the following FHA-HERO positions of responsibility in:

1) Local Chapter: _____

2) Region: _____

b. Other leadership positions and/or offices held:

1) School Organizations: _____

2) Community and Youth Groups: _____

3) Youth Organizations: _____

4) Church Groups: _____

c. Describe participation in some major school/community/organization activities:

Comments about the candidate (required):

a. Describe candidate's leadership characteristics that would enable them to be an effective Region Officer:

Signature - Parent/Guardian

b. Comments by local chapter officer indicating personal qualifications:

Signature – Title of Office

c. Comments by local chapter advisor indicating personal qualifications:

Signature - Advisor

NOTE: Use additional sheets if necessary.

OFFICER'S STATEMENT

1. I have read the qualifications for Region Officer and I am qualified to hold office in Region _____ of the California Association FHA-HERO.
2. If elected, I will fulfill ALL of the obligations of the office and of the Region.
3. In the event that I cannot fulfill my term of office (for reasons other than illness or moving out of my region), I will reimburse the State Association, the region, and the chapter for any expenses, such as travel, lodging, meals, or other items, and return all officer paraphernalia and material.
4. In the event that I will be attending a different high school with an active FHA-HERO chapter other than the one that nominated me, I will also submit a signed statement from both the chapter advisor and administrator giving me permission to run for office.
5. I understand that in the event I move and will be attending a high school that does not have an active FHA-HERO chapter, I will forfeit my region office.
6. I realize that if I cannot fulfill my elected duties or if I violate the guidelines for conduct, my term of office will be terminated and my letter of resignation will be submitted to the region advisor.
7. If elected, I understand the meetings I need to attend will include:
 - a. State Meeting: March or April (3 days)
 - b. Region Officers Training Meeting: Last Week of July or First full week of August (4 days)
 - c. Region Executive Council Meeting: Three or four meetings
 - d. Region Meetings: Three days (including State Meeting)
 - e. Legislative/Capitol Day Experience Two days

If elected region president, I understand I will also need to attend in addition include:

State Executive Council Meeting November (3-4 days)

The student will miss ten (10) days total. If I do not attend for reasons other than health, I realize I must forfeit my office as president and assume another office.

Signature of Candidate

Date

Signature of Parent/Guardian

Date

PARENTS'/GUARDIANS' STATEMENT

We have read the preceding information and give our approval of _____'s candidacy for a region office. We are aware of the duties, responsibilities, and obligations of a region officer and will give our support.

Signature - Parent/Guardian

Date

PRINCIPAL'S STATEMENT

I have read the preceding information and give my approval of _____'s candidacy for a region office. I am aware of the duties, responsibilities, and obligations of a region officer and will give my support.

Signature - Principal

Date

ADVISOR'S STATEMENT

As the advisor to _____, I have read the communication outlining the duties of a region officer, the region officer's advisor, and support his/her candidacy for office. In the event _____ is elected to office, I will assist him/her in completing his/her responsibilities and uphold my duties as the advisor,

And

I am willing to assume the role of region coordinator should my student be selected as president. Yes _____ No _____

Signature - Advisor

Date

SCHOOL ADDRESS: _____

SCHOOL PHONE: (_____) _____

HOME ADDRESS: _____

HOME PHONE: (_____) _____

EMAIL ADDRESS: _____