

**NORTH DAKOTA ASSOCIATION OF  
FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA  
FAMILY AND CONSUMER SCIENCES**

FCCLA DISTRICT# \_\_\_\_\_

**PEER LEADERS APPLICATION FORM**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ F or M: \_\_\_\_\_

Chapter: \_\_\_\_\_ Present Grade in School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Semesters of family and consumer sciences completed beyond the 8<sup>th</sup> grade: \_\_\_\_\_ Scholastic Average: \_\_\_\_\_

Local chapter offices held: \_\_\_\_\_

District Offices held: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Newspaper name and address:

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

**List specific examples of activities for the following:**

1. Candidate's other activities in FCCLA have been:

2. Candidate's activities in high school, outside of FCCLA has been:

3. Candidate's contribution to home and family has been:

T-Shirt Size    S \_\_\_\_\_    M \_\_\_\_\_    LG \_\_\_\_\_    XLG \_\_\_\_\_    XXLG \_\_\_\_\_

If elected, I agree that it is my responsibility to perform to the best of my ability and to place the obligation above school activities, keeping in mind that I must maintain a satisfactory scholastic average. In the event that I graduate prior to completing my term in office, I agree to put forth every effort to fulfill my duties of this office. I have read the attached letter and will attend the required meetings. Failure to comply may mean forfeiting the office. I understand if funds are not available, my chapter or I will need to pay for transportation, food, and lodging at the Summer Leadership Workshop and at the State Convention in April.

---

Applicant's Signature

---

Date

**NOTE TO PARENTS OR GUARDIAN AND ADVISORS:** This student is applying for a PEER Team. It is an honor and responsibility for the student. **PARENTS:** This will require your support financially, emotionally, physically, and in general, strong parental backing. **ADVISORS:** Your signature is verification of the qualifications of this candidate. Your assistance is required in competing all duties assigned to your candidate.

**YES, I AM WILLING TO ACCEPT THESE RESPONSIBILITIES AND SUPPORT THIS CANDIDATE FOR PEER TEAM AND I HAVE NOTED THE REQUIRED MEETING DATES LISTED ON THE ATTACHED LETTER.**

---

Parent's Signature

---

Date

---

Advisor's Signature

---

Date



**PEER LEADERS TEAM ADVISOR'S PROFILE**

Name: \_\_\_\_\_ FCCLA District # \_\_\_\_\_

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

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

School E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Local Newspaper name and address:

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

The advisor of the North Dakota Peer Team has many roles to play. The most important role is the role of a **SUPPORTER** and **ADVISOR**.

	<b>YES</b>	<b>NO</b>
1. Are you willing to support your FCCLA'er as a Peer team member?		
2. Are you willing to attend a state summer training workshop for a peer team in Bismarck on June 6 - 8, 2010?		
3. Is your applicant or chapter willing to pay for transportation, lodging, and food at the state convention?		
To a summer leadership training, if necessary		

4. Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Return completed form to the designated district Peer Team advisor by the date determined at the district planning meeting.***