

Application for Regional FFA Office
(Due to Regional FFA Advisor as directed)

Jacket Size _____

(Name – Print plainly or type and spell for jacket)

(Chapter)

Home Address: _____

Telephone No. _____ Email: _____ Grade: _____

I. My qualifications are: **(If more space is needed add information on supplemental pages and clearly identify the category for which information is being provided.)**

A. Previous leadership experience in FFA (committees, offices, etc.) – **Include dates that you served**

B. Leadership experiences in school and community outside of FFA - **Include dates of experiences**

II. Review of my Supervised Agricultural Experience (SAE) program since I entered Agricultural Education: **Record for each year.**

III. FFA Degrees attained (year)
Greenhand Degree _____
State Degree _____

Chapter Degree _____

IV. Why would you like to serve as a Regional FFA Officer? _____

V. Additional preparation for service to FFA:

If elected, I agree to attend Regional meetings, take part in television and radio programs, assist in planning the Regional Rally, and attempt to fill the duties of my office to the best of my ability.

Signed _____ (Applicant)

Signed _____ (Parent or Guardian)

VI. We recommend the above named individual as a candidate for Regional FFA office.

(School Principal)

(FFA Chapter Advisor)

Student Name

FFA Chapter

**LIABILITY WAIVER, ASSUMPTION OF THE RISK, AND INDEMNIFICATION AGREEMENT FOR
NORTH CAROLINA FFA ASSOCIATION AND
NC STATE UNIVERSITY PROGRAM/EVENT**

In consideration for being allowed by North Carolina FFA Association and NC State to participate as a **Regional Officer for the 2020-2021 school year** coordinated throughout North Carolina by the faculty at NC State, the undersigned hereby agrees as follows:

_____ (initial) I do hereby affirm and acknowledge that I am participating in the Program/Event for my own personal benefit, and have been fully informed of the inherent and potential hazards and risks to me associated with participation in outdoor activities and any physical exertion required therein. These hazards and risks may include, but are not limited to, loss or damage of personal property, mental or emotional distress, broken bones, strains, sprains, bruises, heart attacks, heat exhaustion, concussions, and other personal injuries, or even death, that could result from falling from heights, tripping due to uneven terrain, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, hypothermia, and vehicle accidents while traveling to and from the activity site. I assume responsibility for all risks, known and unknown, involved to me and my property in the aforementioned activity, and I am voluntarily participating in reliance upon my own judgment and knowledge of my experience and capabilities.

_____ (initial) I understand that the determination of my ability to participate in the Program/Event should be made by my physician if necessary. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of this Program/Event. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate in the Program/Event. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for me any information they may have concerning my medical condition(s) and their professional contact with me for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my benefit. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.

_____ (initial) I shall indemnify and hold harmless the North Carolina FFA Association and NC State, its board of directors, trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my participation in this Program/Event, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

_____ (initial) I have read the Program/Event's rules and regulations and hereby accept the regulations of the Program/Event described therein. I understand that the Program/Event Staff has the authority to establish and enforce other regulations in addition to these.

_____ (initial) I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The terms of this agreement are severable such that if one or more provisions are declared illegal, void or unenforceable, the remainder of the provisions shall continue to be valid, enforceable, and binding upon the parties.

_____ (initial) I hereby grant the North Carolina FFA Association and NC State permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, and social media, without payment or other consideration. I understand and agree that all photos will become the property of the NC FFA Association and NC State and will not be returned.

_____ (initial) I hereby irrevocably authorize the North Carolina FFA Association and NC State to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

_____ (initial) I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND
I AGREE TO BE BOUND BY IT.**

CHECK ONE:

I am under eighteen years of age.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Printed Name of Child: _____

I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

Student Signature: _____ Date: _____

Print Student Name: _____

Regional Officer Commitment Contract

Serving as a Regional FFA Officer is not a right, but a privilege extended by an election where a duly constituted committee from the region validates candidates' potential for leadership through an interview process. The committee's knowledge is limited and therefore, with the extended privilege also comes the responsibility to act and live in one's community and perform all duties as a Regional FFA Officer in ways that will confirm the confidence that the committee has placed in the candidate to represent the region, chapter, and school as well as oneself to reflect the ideals of FFA. As with all elections, there are several other worthy candidates who could just as likely be selected and who will gladly serve in the event that an elected candidate cannot or does not wish to live up to the ideals of an FFA Regional Officer. **This contract contains standards that reflect ideals for a Regional FFA Officer and also stipulations whereby an elected candidate who fails to meet the standards identified herein may be called upon to relinquish their duties.**

Standards

Standard 1: I will maintain good standing within my local FFA Chapter and school as certified by my agricultural education instructor and local school administration. Expulsion for disciplinary reasons of any kind is grounds for which I will relinquish my position if called upon to do so.

Standard 2: I will strive to live according to the FFA Code of Ethics of which the five tenets listed below are representative:

- a. Respect the rights of others and their property
- b. Be courteous, honest, and fair with others
- c. Communicate in an appropriate, purposeful, and positive manner
- d. Demonstrate good sportsmanship by being modest in winning and generous in defeat
- e. Make a positive difference in the lives of others

Evidence of habitual failure to live according to Standard 2 is grounds for which I will relinquish my position if called upon to do so.

Standard 3: I will perform the duties of a regional officer and work with other regional officers and the Regional FFA Advisor to achieve excellence. **Specific duties which I will perform include:**

1. I will know my part in the "Official Opening and Closing Ceremony", the "FFA salute", and the "FFA unison" prior to the Regional Officer Preparation Experience (ROPE) for my region.
2. I will attend ROPE for my region if elected to a regional office.
3. I will perform assigned tasks for the Fall Regional Leadership Conference and
4. I will perform duties assigned for the Spring In-service and assist with the regional rally as directed by the Regional Advisor and/or Regional Coordinator.

Should I fail to meet any of the four specific duties listed, I will relinquish my position as a regional officer if called upon to do so by the Regional FFA Advisor with the advice and consent of the Regional Coordinator. (Items 2, 3 and 4 will be excused through documented sickness or death in the immediate family).

In order for a candidate to be considered for regional office, this contract must be READ and signed by the candidate, a parent/guardian, and the Chapter FFA Advisor. **Please read and sign below!**

I have read and understand the intent and spirit of the Regional Officer Commitment Contract and I agree to fulfill all Standards or relinquish the duties of my office if called upon to do so.

Regional Officer Candidate Signature

Date

I have read and understand the intent and spirit of the Regional Officer Commitment Contract and I agree to help my son/daughter fulfill all Standards. I understand that his/her failure to do so is grounds for him/her to relinquish the duties of any elected office if called upon to do so.

Parent/Legal Guardian of Regional Officer Candidate Signature

Date

I have read and understand the intent and spirit of the Regional Officer Commitment Contract and I agree to help my student fulfill all Standards. I understand that his/her failure to do so is grounds for him/her to relinquish the duties of any elected office if called upon to do so.

Advisor of Regional Officer Candidate Signature

Date