

North Dakota FFA

Officer Screening Committee Application



Due: May 3rd

Applicant Information

Full Name: _____

Chapter: _____ Phone Number: _____

Year in School: _____ Years In FFA: _____

Email: _____ Does your chapter have an officer candidate: ____

Advisor Name(s): _____

List all CDE's and potential conflicts you might have serving on Screening Committee Monday and Tuesday at Convention. Preference will be given to candidates with no conflicts. Commitments may make you ineligible to serve on the committee. We apologize for the inconvenience.

Screening Committee Schedule

Monday

1:00PM - Screening Committee Organization Meeting

2:30-6:00PM - Screening Committee Round 1

9:00-11:30PM - Screening Committee Round 2

Tuesday

7:30-9:45AM - Screening Committee Round 3

10:00AM - 12:00PM - Deliberations

1:00-4:00PM - Screening Committee Round 4

5:00PM - Final Deliberations

In addition to the application above, please submit your resume, which should be no more than two pages.

Applicant Qualifications/Expectations

1. Applicant must be a leader from their local chapter.
2. Applicant understands the schedule and time commitment to properly serve on this committee.
3. Committee members will not have interaction visit with candidates, their advisors, or advisors of candidates during the interview process at convention.
4. All discussion and evaluation will be keep confidential during and following the process.
5. Present a nomination report to the delegates at the 5th Convention Session.

Applicant agreement

If selected to serve on the nominating committee I will be professional and keep all information confidential. I also acknowledge the amount of time I must commit to the process.

Applicant's Signature: _____ Date: _____

Advisor agreement

By signing below, I recommend this applicant to serve on the state officer screening committee as a student representative. I believe this student will be professional, mature, and keep all information confidential during the committee process. (*Advisors may submit an additional reference statement for candidate.*)

Advisor's Signature: _____ Date: _____

This form is due by May 3rd to:
North Dakota FFA Association
600 E Boulevard Ave Dept 270
Bismarck, ND 58505
or email: ndffa@ndffa.org