**Orion FFA Officer Application**

Please fill out the application below by typing in the box to the right. Then print, have it signed, and turn it in by the deadline.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Home Phone |  |
| Cell Phone |  |
| Parent’s Names |  |
| Current Year in School |  |
| Cumulative (Overall) GPA ***\*Please Attach a Transcript*** |   /4.0 |
| Last Semester GPA |  /4.0 |
| Current FFA Degree(Greenhand, Chapter, or State) |  |
| Have you been academically ineligible at all this past year?Yes or No |  |
| Ag Class Planned for Next Year*\*You have to be in at least one Ag class throughout the year* |  |
| Which FFA officer position would you like to apply for? (President\*, Secretary, Vice President) *\*President must be going to be a junior or senior.* |  |
| List all FFA activities you have been involved with. *Please label them by year.* |  |
| Describe your current SAE program? *You must have a SAE to be an officer.* |  |
| List your other school and community activities. |  |
| How will your being elected as a FFA officer improve the Orion FFA Chapter? |  |
| List your leadership qualities that would be a benefit to your chapter? |  |
| What have you contributed to the Orion FFA in the past year? |  |
| What improvements could be made in the Orion FFA Chapter and how should they be done? |  |
| What will be your number one goal as a chapter officer? How do you plan to accomplish that goal? |  |
| Are you willing to spend extra time in planning and conducting chapter meetings and activities? |  |
|  |  |

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**Verification Form**

By signing below, I verify that all information on the submitted Orion FFA Officer Application is correct to the best of my knowledge and I understand that if elected, I will be expected to complete the duties of my assigned office as well as follow our chapter FFA Code of Conduct and Commitment Form during my year of Service

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 Student Signature Date

***Approval of Parent or Guardian***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has our complete approval and encouragement to run for a chapter FFA office. We fully realize the additional time and work required of FFA officers if they are to fulfill their responsibilities properly.

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 Parent or Guardian Signature Date