



Applicant's Name

FCCLA National Consultant Team Member Application Packet

Family, Career and Community Leaders of America's National Consultant Team (NCT) is a group of advisers that have been chosen by national staff to develop trainings, lead workshops and breakout sessions, and generally serve as an extension of national staff. NCT members are contracted to carry out the roles and responsibilities outlined below.

Length of Term:

A consultant will serve for 4 consecutive years. If the adviser leaves his/her teaching position, s/he may continue on the National Consultant Team for two additional years if both the adviser and Marketing & Membership Manager agree upon revised terms.

Roles & Responsibilities:

- Represent the national organization
- Assist at all national meetings (NCM, NLC, Capitol Leadership Training, etc.)
- Plan adviser professional development sessions
- Present workshops at meetings that may include state conferences
- Develop and review supporting materials for national programs
- Write articles and activities used for the national FCCLA Web site and publications

National Consultants receive compensation for their time and materials. Below is an outline of the majority of items consultants can expect compensation for. Additional items may be written into individual contracts or decided upon and assigned as needed.

Honorariums & Compensation:

- **National Cluster Meetings:** \$250 + expenses paid
- **National Leadership Conference:** \$300 + expenses paid
- **Additional National Meetings (as needed):** \$250 + expenses paid
- **NLC Planning Session (Feb.):** expenses paid
- **State Meetings/Workshops:** \$300 + expenses paid, must be arranged and paid for by host state

Submission Information & Dates:

Please return the packet (includes one application form signed by applicant and three letter of recommendation forms) to the below address. Packets must be postmarked by **March 1, 2012**.

FCCLA National Consultant Team Application
Attn: Marketing & Membership Manager
1910 Association Dr.
Reston, VA 20191



Applicant's Name

FCCLA National Consultant Team Member Nomination/Application Form

Name _____

School Address _____

Home Address _____

School Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Year/s of Experience as an Adviser _____

Chapter Affiliation/s _____

Complete the following information about you (please attach separate sheet if you need more space):

FCCLA Background (Identify national programs and activity work, attendance/participation in state association, National Cluster Meetings and National Leadership Conferences)

Family and Consumer Sciences Background

Presentation and Program Development Experience

Professional Activities and Memberships



Applicant's Name

School/Community Activities (Describe any community and other activities in which you are or have been involved that would support your application).

Complete a short statement concerning the following: "What I can offer advisers through my participation as an FCCLA National Consultant Team Member."

Signature

Date

Please attach Letter of Recommendation Forms from each of the following evaluators:

- 1) Colleague (can be an educator in FACS or other subject area)
- 2) School or District Administrator
- 3) FCCLA State Adviser



Applicant's Name

**FCCLA National Consultant Team Member
Letter of Recommendation Form**

Applicant Name _____

School Address _____

Home Address _____

School Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Year/s of Experience as an Adviser _____

Chapter Affiliation/s _____

WAIVER OF ACCESS

I have requested that this recommendation be submitted for use in the **FCCLA National Consultant Team Member** application.

I waive access to this report. It shall therefore be considered confidential and not available to me.

I do not waive access to this report.

Date: _____ Applicant's Signature: _____

NOTE TO EVALUATOR:

If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to the FCCLA national staff. If the applicant has not agreed, this report will be made available to the applicant upon request. **ALL APPLICATION PACKET MATERIALS MAY BE COPIED FOR DISTRIBUTION TO APPLICANTS.**

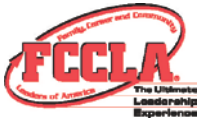
INSTRUCTIONS

To the Applicant: After you have filled in and signed the front of this form, give it to one of the three people you have chosen to recommend you. Chosen evaluators should fit the criteria outlined on the nomination form. No application will be considered complete without three complete letters of recommendation forms.

IMPORTANT: Be sure to complete and sign the front of each letter of recommendation. It is your responsibility to collect and submit all three completed and signed letters of recommendation at the same time your application is submitted.

To the Evaluator: The information that you supply concerning this applicant's personality and motivation is very important in the final evaluation. No application will be considered complete without this information.

IMPORTANT: After you have completed this recommendation, seal it in an envelope with the applicant's name written on the outside of the envelope. Return the envelope to the applicant for submission. For further information, contact Marketing & Membership Manager at (703) 476-4900.



Applicant's Name _____

Complete the following information about you (please attach separate sheet if you need more space):

1. How long have you known the applicant? _____

2. Under what circumstances have you known the applicant?

3. Do you believe the applicant has the ability and is likely to succeed as a National Consultant Team member?

Yes _____ No _____ Please explain why or why not.

4. Based on your knowledge of the applicant, please answer the following questions:

a.) What are the applicant's greatest strengths and assets?

b.) What are the applicant's greatest weaknesses and liabilities?

5. By marking the appropriate box, please rate the applicant on each of the following characteristics (as compared to his/her peers):

Characteristic	Below Average	Average	Above Average	Superior	Unknown to Me
Leadership Ability					
Organizational Skills					
Problem-Solving Ability					
Self-Motivation					
Creativity					

6. Please write a short summary of your primary reason for recommending this applicant.



Applicant's Name

Evaluator's Name _____

Preferred Address _____

City, ST Zip _____

Email Address _____

Preferred Phone _____ Daytime Evening Cell **(circle one)**

SIGNATURE: _____ DATE: _____

(Note: This recommendation will not be considered complete without the evaluator's signature.)