



FLORIDA FFA
ALUMNI AND SUPPORTERS

Florida FFA Alumni Council Nomination Form

Email to andreadoodle@msn.com. You may also deliver this application to the registration desk or Alumni Nation during State FFA Convention by 6:00pm June 12, 2018. Elections will occur during the state business meeting June 13, 6:30 pm. Please type or write legibly!

Applicant's Name:

Physical Address:

Email Address:

Phone #:

Desired Position:

Nominated By:

Local Alumni Chapter:

Number of Years as a Member:

Please answer the following questions on additional pages.

- 1. List your Alumni & Supporter activities (include local, state and national levels).**
- 2. Please list any outstanding achievements and community activities.**
- 3. Why do you want to serve on the Florida FFA Alumni and Supporters Council?**
- 4. If elected to serve as a council member, how will you communicate with local chapters?**



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**FLORIDA FFA ALUMNI & SUPPORTERS
DIRECTOR and DIRECTOR AT LARGE DUTIES**

- Represent Florida FFA Alumni at State functions as requested.
- Be knowledgeable of the State and National Alumni structure and guidelines.
- Sell State Alumni Raffle Tickets along with distributing tickets to Chapters within your area.
- Train local Alumni Chapters on MYFFA (formerly AgCN).
- Communicate with local Alumni Chapters to share State and National Alumni updates.
- Assist local Alumni Chapters, as needed, with questions or issues that may arise.
- Attend local Alumni meetings within your District as requested.
- Volunteer to work shifts at the Alumni area at the State Convention Expo.
- Attend State Alumni Conference and four Quarterly State Alumni Meetings.
- Assist local Chapters that want to reactive or charter a new Alumni.
- Help promote State Alumni Conference.
- Provide a report of District activities at quarterly Board meetings.

I have read and fully understand what the expectations are for me as a Florida Alumni & Supporters Director. If, at any time, I am not able to fulfill these duties I will advise the State Alumni President so that a replacement can be found.

Name:

Signature:

Date: