

Applications due by: \_\_\_\_\_

## Finley FFA Chapter Officer Application

Name: \_\_\_\_\_

Years of Ag Classes: \_\_\_\_\_

Years in FFA: \_\_\_\_\_

Previous Offices Held: \_\_\_\_\_

Please describe your FFA Activities:

Please list your leadership and participation in other school activities:

In a brief summary, describe what you have done to improve the Finley FFA Chapter.

If you are elected to an office will you have the time and are you willing to spend extra time as an officer?

What do you feel you can do to improve the chapter if elected to an office?

If elected to an office, I, \_\_\_\_\_,  
understand that I must have an Ag class with either Mrs. Yochum or Mr.  
Bair for the full year I am an officer. I also, understand that I am making  
a commitment to an organization and will be responsible for my actions.  
By signing below I understand the duties and responsibilities of becoming  
an officer within the Finley FFA Chapter.

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Student Signature

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Date

As the parent/guardian of \_\_\_\_\_, I understand the  
commitment that he/she is making the Finley FFA Chapter and will be a  
willing supporter of his/her activities.

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Parent/Guardian Signature

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Date

