# 2016 LEADERSHIP TRAINING TEAM APPLICATION INFORMATION & INSTRUCTIONS



Family, Career and Community Leaders of America is seeking to enlist a group of talented FCCLA alumni from a variety of diverse backgrounds to join the 2016-2018 Leadership Training Team (LTT). LTT members are chosen by



national staff to develop trainings, lead workshops and breakout sessions, communicate with national network members and generally serve as an extension of national staff, in addition to the roles and responsibilities listed below.

#### **Length of Term**

Members of the Leadership Training Team will serve for 2 consecutive years beginning on April 1, 2016 and ending on March 31, 2018. They may reapply in the spring of their second year if they wish to be considered for an additional term.

#### **Roles and Responsibilities**

Members of the Leadership Training Team will have various responsibilities that include working with national staff before, during, and after conferences and throughout the year. They will have full schedules during conferences and should not plan to chaperone students while serving as an LTT. Due to the National Leadership Conference responsibilities, LTT may not serve as an FCCLA summer intern during their term. General responsibilities may include, but are not limited to:

- Serve as positive and professional representatives of the national organization
- Assist at national meetings as assigned (NCM, NLC, Capitol Leadership, etc.)
- Plan leadership development and officer training sessions
- Present workshops at meetings that may include state conferences
- Communicate with members of assigned national network on a monthly basis.
- Assist in Alumni & Associates events and communication
- Write articles and activities used for the national FCCLA website and publications

### Compensation

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

- Leadership Training Team Retreat (March, if included in budget): expenses paid
- National Leadership Conference (July): \$250 honorarium + expenses paid
- National Cluster Meetings (November): \$200 honorarium + expenses paid
- Capitol Leadership (September/October): \$200 honorarium + expenses paid
- **State Meetings/Workshops:** \$200 honorarium + expenses paid, must be arranged and paid for by host state through FCCLA national headquarters.

# **Application Submission Information**

Application Checklist:

- □ Basic Information
- □ Short Answer Questions
- □ Lesson Plan
- □ Video
- □ Myers Briggs Type Inventory
- □ 2 Recommendation Forms (should be sent directly from the references to FCCLA)

Please email your application and supporting materials to <u>leadership@fcclainc.org</u>. Applications must be submitted or postmarked by **February 15, 2016**.



# 2016 LEADERSHIP TRAINING TEAM APPLICATION

Thank you for taking the time to complete the application for the FCCLA Leadership Training Team (LTT)! As a part of the LTT, you will be responsible in helping to plan and implement leadership training for members across the nation at the National Leadership Conference, Capitol Leadership, the National Cluster Meetings, and local or state events, as requested. If selected, your term will last from April 1, 2016 – March 31, 2018.

Please fill out the following application by typing your responses and sending the completed form and required attachments to <a href="mailto:leadership@fcclainc.org">leadership@fcclainc.org</a> by February 15<sup>th</sup>, 2016.

# **SECTION 1: Basic Information**

Please complete the following information completely and thoroughly. If any information does not apply to you, please fill in the field with "N/A."

1.1 Personal			
First Name:	Middle Initial:		
Last Name:			
Address:			
City:	State:	Zip:	
Phone Number: <b>1.2 Education</b> (If you have graduated college, please please please)	Alt. Phone Nur		ion you most recently
Name of High School (FCCLA Chapter):			
Graduation Year:			
Name of College or University:			
(Anticipated) Degree (check one):	Certificate	□ Associate (A/S)	□ Bachelor (A/S)
	□ Masters/Ph	D/Professional	
City:	State:	Zip:	
(Anticipated) Major:	Current GPA:		
(Expected) Date of Graduation:			



## **1.1 FCCLA Involvement**

- 1) How many years were you a member of FCCLA?
- 2) Why did you join FCCLA?

3) Please list any offices you held in FCCLA on the chapter, regional, state, or national level:

4) Did you take part in any nationally-sponsored leadership training as a member of FCCLA?



5) If you answered "Yes" to Question #4, what are some aspects of the trainings you have participated in that you would like to continue to see reflected in FCCLA leadership trainings? If possible, please list the year and specific training in which you observed these aspects.

6) If you answered "Yes" to Question #4, what are some aspects of the trainings you have participated in that you were not satisfied with/would like to see changed? If possible, please list the year and specific training in which you observed these aspects



# 2016 LEADERSHIP TRAINING TEAM RECOMMENDATION FORM

# **SECTION 1: Instructions**

Family, Career and Community Leaders of America (FCCLA) is seeking to enlist a group of talented FCCLA alumni from a variety of diverse backgrounds to join the 2016-2018 Leadership Training Team (LTT). LTT members are chosen by national staff to develop trainings, lead workshops and breakout sessions, communicate with national network members and generally serve as an extension of national staff.

Thank you for agreeing to share your insight about a candidate for the FCCLA Leadership Training Team. 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.

Please direct any questions to the applicant or Karen Patti, Programs Manager, at (703) 476-4900 x. 307.

# IMPORTANT: After you have completed this recommendation, <u>please return it by February 15, 2016</u> directly to FCCLA by mail, email, or fax to:

FCCLA Leadership Training Team Recommendation Attn: Karen Patti 1910 Association Drive Reston, VA 20191 <u>leadership@fcclainc.org</u> Fax: (703) 439-2662

# **SECTION 2: Recommendation**

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

- 1. Applicant's Name
- 2. How long have you known the applicant?
- 3. Under what circumstances have you known the applicant?

4. Do you believe the applicant has the ability and is likely to succeed as a Leadership Training Team member?

Yes	No	Please explain why or why not.

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

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

6. 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					
Responsiveness/Timeliness					

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

Your Name	
Email Address	
Preferred Phone	Daytime 🗌 Evening 🗌 Cell
SIGNATURE:	DATE:
(Note: This recommendation will not be considered	



# **SECTION 2: Show Your Skills**

In this section, you will submit materials that demonstrate your ability to develop and execute a workshop. Both of these skills will be an integral part of your career as a member of the Leadership Training Team if you are chosen.

#### 2.1 Lesson Plan

Submit a written lesson plan for an original leadership lesson through the form of a workshop using the FCCLA Workshop Planning Template. The lesson plan will also include a one-page worksheet for inclusion in your lesson. Together, your lesson plan and worksheet should be no more than three (3) pages long.

#### **Evaluation Criteria:**

You will be evaluated on the following criteria for the lesson plan portion:

- ✓ Ability to identify objectives and support intended learning with planned training and workshop activities
- ✓ The originality and creativity of your workshop's plan
- ✓ How well your worksheet is integrated in with your leadership lesson.

Your lesson plan must be submitted in Adobe PDF format with your application and emailed to <u>leadership@fcclainc.org</u> by **February 15<sup>th</sup>, 2016.** 

#### 2.2 Video

You will also be submitting a video of yourself that demonstrates your ability to present your original leadership lesson. The video should be no more than five minutes long, and should reflect a portion of your planned workshop. The presentation style should be directed to the intended audience, but you need not present the workshop for an actual audience in your video if one is not available.

#### **Evaluation Criteria:**

You will be evaluated on the following criteria for the video portion:

- ✓ Staying within the 5-minute time constraint
- ✓ The originality and creativity of how you *present* your leadership lesson
- ✓ How well your chosen theme is conveyed in the workshop
- ✓ Ability to express self and ideas clearly

The video of your workshop must be uploaded to YouTube by **February 15<sup>th</sup>, 2016.** Please provide a link to the video here:

# **SECTION 3: Myers-Briggs Type Inventory**

FCCLA seeks to have a diverse team of trainers to ensure that the team is able to connect well with the many types of student leaders in the organization. If you have taken a form of the Myers-Briggs Type Inventory before, please enter your type below here:

If you haven't taken the inventory before, you can take a free, simplified version here.



# **SECTION 4: Experience**

### 4.1 Resume

Please submit a copy of your resume with your application.

### **4.2 Recommendations**

Please select two individuals knowledgeable about your leadership, training, work, and/or volunteer experience to complete the LTT Recommendation form. Forms should be completed and submitted directly to FCCLA by the individuals completing the form via email/fax/mail.



# FCCLA Workshop Planning Template

Title:		Audience:
Presenter(s):		Length:
A/V Needs:	Objective/Goal:	
Evaluation Process:		

Handout Title	Resource	Responsible	# Copies

Supplies/Materials	Quantity	Responsible
Ex. Scissors	10	National Staff

**Additional Comments:** 



# FCCLA Workshop Planning Template

Time	ACTIVITY
0 - 5	Welcome and Introductions
5 – 10	Explanation of Workshop Objectives • •
10 - 60	Topic/Objective #1 • •
60 - 110	Topic/Objective #2 • •
60 - 110	Topic/Objective #3 • •
60 - 110	Topic/Objective #4 •
110-120	Questions and Reflections • •