



NEBRASKA FFA ASSOCIATION

2019 State Officer Application

Signature Page

I understand that as a Nebraska FFA officer, I am required to devote the necessary time to complete all required duties and responsibilities, both at specific events and in preparation and follow-up of the respective events. I will devote the time needed to conduct the duties of a Nebraska FFA Association State Officer.

Applicant Signature: _____

I understand that my child will be responsible for communicating with Nebraska FFA Association State Staff and that State Staff will communicate with my child. My child is responsible for communicating with me and State Staff will contact me if necessary.

Parent or Guardian Signature: _____

We, the members of the _____ FFA Chapter, recommend
_____ as a qualified Nebraska FFA officer candidate.

Chapter Officer Signature: _____

FFA Advisor Signature: _____

School Administrator Signature: _____

