

PA FFA ASSOCIATION

CDE CHAIRPERSON APPLICATION

Note: This pdf is for reference only. Please apply using the Google Form.

Application information

Full name:					Date:		
	Last	First		M.I.			
Address:					Phone:		
	Street address			Apt/Unit #			
					Email:		
	City		State	Zip Code			
Employer					Years teaching experience		
Position applied	for:						
Have you previou	usly chaired this CDE?	Yes □	No □				
Have you ever chaired another state CDE?		Yes □	No □	If yes, when?			
Previous Experience							
Explain your past and current involvement with preparing CDE teams for this or other events.							
Explain your past and current involvement with running this CDE.							
What industry connections do you have related to this CDE?							

References

Please list names of a fellow teacher/mentor, administrator, and/or CDE spe	ecific industry representati	ive.				
Full name:	Relationship:					
Company:	Phone:					
Address:	Email:					
Full name:	Relationship:					
Company:	Phone:					
Address:	Email:					
Full name:	Relationship:					
Company:	Phone:					
Address:	Email:					
Disclaimer and signature						
I understand and will fulfill the requirements of the CDE chairman role. This includes, but is not limited to, meeting deadlines as posted by PA FFA, updating the state FFA Website as needed, securing materials and judges at the state event.						
I have read the <u>Bylaws</u> (pg. 24-26) and agree to adhere to all information stated there.						
If you have any questions or need clarification on any of the items listed above, feel free to contact the current PA FFA Activities Week Coordinator or the current PA CDE/LDE Committee Chair.						
Signature:		Date:				

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