

## STATE STAR EVENTS CHAPTER ASSISTANCE FORM

Because of the large number of people it takes to run state STAR Events, each chapter participating in these events is required to provide at **least two people (2 adults or 1 adult and 1 student)** to assist with the events. Volunteers are eligible to assist in any event category that does not involve local student participation. (Example - if your students are participating in Interpersonal Communication, Junior Category, you cannot assist in that event category. You **can**, though, assist in Interpersonal Communications, Senior or Occupational Category.) Additional volunteers are appreciated. Advisors, students and chaperones are encouraged to be volunteers.

The chapter advisor should complete this form and return it with the State STAR Events Confirmation Forms. Please provide complete information as this is used to generate mailing labels.

Completing this form **does not** confirm that you will be used. **Volunteers will be notified if they are assigned.** If time allows we will contact those individuals who completed a form but will not be used. In the event you are not contacted you can assume you have not been assigned to a volunteer position.

**The following ADULT from our chapter will be assisting with state STAR Events:**

Name: \_\_\_\_\_  Student  Adult  
Phone # : \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of Chapter: \_\_\_\_\_ Advisor: \_\_\_\_\_  
Chapter ID: \_\_\_\_\_ Previous STAR Events experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
**STATE OFFICE USE:**                      Evaluator                       Consultant   
Event: \_\_\_\_\_ Category \_\_\_\_\_

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**The following STUDENT or ADULT from our chapter will be assisting with state STAR Events:**

Name: \_\_\_\_\_  Student  Adult  
Phone # : \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of Chapter: \_\_\_\_\_ Advisor: \_\_\_\_\_  
Chapter ID: \_\_\_\_\_ Previous STAR Events experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
**STATE OFFICE USE:**                      Evaluator                       Consultant   
Event: \_\_\_\_\_ Category \_\_\_\_\_

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**The following STUDENT or ADULT from our chapter will be assisting with state STAR Events:**

Name: \_\_\_\_\_  Student  Adult  
Phone # : \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of Chapter: \_\_\_\_\_ Advisor: \_\_\_\_\_  
Chapter ID: \_\_\_\_\_ Previous STAR Events experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
**STATE OFFICE USE:**                      Evaluator                       Consultant   
Event: \_\_\_\_\_ Category \_\_\_\_\_

**This form must be returned to the state office by March 1<sup>st</sup>. Mail or fax this form to:**

Gayla Westergaard, State Advisor  
Missouri FCCLA  
PO Box 480  
Jefferson City, MO 65102  
Fax: 573/526-4261