

Minnesota FFA Advisor Verification Form

Employment Skills

Student Name: _____

FFA Chapter: _____

Position Applying For: _____

Date: _____

Advisor Verification

I, the undersigned FFA advisor, hereby verify the following:

1. **Original Work:** The materials submitted by the above-named student are their original work. The student has demonstrated integrity in completing their projects and assignments.
 2. **Truthfulness in Reporting:** The student has been truthful in reporting their experiences in the application materials. I confirm that the experiences described accurately reflect the student's involvement and contributions.
 3. **Eligibility for Position:** The student qualifies for the position they are applying for based on the criteria established by the FFA. I believe they possess the necessary skills and dedication to succeed in this role.
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Advisor Signature

Advisor Name: _____

FFA Chapter Advisor Signature: _____

Date: _____
