



# State Officer Application

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Middle School

Middle School Name: \_\_\_\_\_

High School

High School Name: \_\_\_\_\_

College/Postsecondary

College Name: \_\_\_\_\_

CTE Program Enrolled in: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Candidates will run at large during the election process.

\*Applicant must attach a one-page professional resume to this application and bring a one-minute candidate's speech, which you will present during the election process

If elected as a SkillsUSA Kansas State Officer, I will attend all required meetings:

- Mid-America Conference – October 18-21, 2018
- CTSO Officer Training & SkillsUSA Officer Training – November 1-3, 2018
- State Officer Training – December 7-8, 2018
- MS & HS Citizenship Day & Training – January 15-16, 2019
- PS Legislature Day & Training – January 22-23, 2019
- State Officer Meeting – February 8-9, 2019
- State Officer Meeting & Chair Luncheon – March 14-16, 2019
- Kansas State Conference & State Officer Preparation – April 22-26, 2019
- National Leadership & Skills Conference – June 24-28, 2019
- K-ACTE Conference – July 28-29, 2019
- Advisor Workshop & Fall Leadership Preparation – September 6-7, 2019
- District Meeting – September 2019
- Fall Leadership Conference – October 8-9, 2019

\_\_\_\_\_  
State Officer Candidate's Signature

\_\_\_\_\_  
Date

*"We support and endorse this student's candidacy for a SkillsUSA State Officer Position and will be responsible for the supervision and transportation to and from all SkillsUSA activities that pertain to his/her duties."*

\_\_\_\_\_  
Parent or Legal Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SkillsUSA Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School/College Administrator's Signature

\_\_\_\_\_  
Date

- ✓ State Officer Applications must be submitted by October 1, 2018 for preparation of the election process. Any applications submitted after October 1<sup>st</sup> or incomplete applications may be denied.
- ✓ Candidates will run at large during the election process.
- ✓ Submit application by mail to the State Office 900 SW Jackson Street, Suite 653, Topeka, KS 66612 or emailed to: [bwarren@ksde.org](mailto:bwarren@ksde.org)

# State Officer / Candidate Agreement

## **SkillsUSA PERSONAL LIABILITY AND MEDICAL RELEASE FORM**

I hereby agree to release SkillsUSA INC, its representatives, agents, servants and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending SkillsUSA functions, including travel to and from the events, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the events, whether occurring prior to, during or after the event.

I do voluntarily authorize the SkillsUSA medical services coordinator, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgement. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc. and said medical services coordinator and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgements by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA, Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA.

### NOTE:

- All persons under legal age must have a parent or guardian sign this form. If you are age 18 or older, please indicate that on this form. Otherwise, this form will be returned for parent/guardian approval. All participants must sign this form.
- School representatives, must carry with them the Personal Liability and Medical Release Form for each registered participant to all SkillsUSA functions.

## **RELEASE OF PERSONAL INFORMATION THROUGH LEAD RETRIEVAL SYSTEM**

Each participant name badge during SkillsUSA events may include a barcode that includes personal information. I understand that by giving my verbal permission to vendors and staff associated with SkillsUSA events, this information will be used for follow-up after the event. Personal information will include name, email address, mailing address, training program and contest area, where appropriate.

By signing this document, I acknowledge my understanding of this statement.

## **PHOTOGRAPHY AND SOUND RELEASE**

By my attendance at any SkillsUSA events, I hereby grant SkillsUSA permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA permission to use the finished silent or sound pictures and/or sound recordings as deemed necessary. I understand that my name may or may not appear with my photo, sound picture or sound recording.

Further, I hereby relinquish to SkillsUSA all rights, title, interest in and income from the finished sound or silent motion pictures, still pictures and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA the right to give, sell, transfer and/or exhibit the same to any

individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, with payment or other consideration to me.

My agreement to perform under camera, lighting and stated conditions is voluntary. I do hereby waive all personal claims, causes of action or damages against SkillsUSA and the employees thereof arising from a performance or appearance.

NOTE: Audio- or videotaping of conference speakers is not permitted.

## CODE OF CONDUCT

Being a SkillsUSA Kansas State Officer requires one to abide by the SkillsUSA Code of Conduct requirements at all times. Being a State Officer is the most significant position one can hold in the State of Kansas. With this position comes responsibility, dedication, and hard work. State Officers will be helping plan and execute several educational functions throughout the year. The Kansas State Championships is most significant meeting of the year, with thousands of students attending from all over the State of Kansas. It is approved as a major educational activity by the Kansas Department of Education, the Kansas Board of Regents, the SkillsUSA Kansas Board of Directors, and is recognized by business and industry.

SkillsUSA wants every person to have an enjoyable experience with every attention paid to safety and comfort. All participants will be expected to conduct themselves in a manner best representing SkillsUSA as the nation's greatest student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times.

As, a State Officer you must agree to follow the official rules and regulations or forfeit your personal rights to participate. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

<ol style="list-style-type: none"><li>1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.</li><li>2. I will spend each night in the room of the hotel/motel to which I am assigned</li><li>3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.</li><li>4. I will not enter any hotel room other than the one which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.</li><li>5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.</li></ol>	<ol style="list-style-type: none"><li>6. I will not leave the hotel/motel without the express permission of my advisor or state association director. Should I receive permission, I will leave a written notice of where I will be.</li><li>7. I will not discriminate or push my political views on others, or conduct rallies that are not aligned with the SkillsUSA objectives during SkillsUSA functions.</li><li>8. My conduct shall be exemplary at all times.</li><li>9. I will keep my advisor or state association director informed of my whereabouts at all times.</li><li>10. I will, when required, wear my official identification badge.</li><li>11. I will respect official SkillsUSA attire and not smoke while wearing it.</li><li>12. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.</li><li>13. I will adhere to the dress code at all required times.</li></ol>
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**Code of Conduct Violations and Penalties**

I agree that if, for any reason, I am in violation of any of the rules as a State Officer, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense from any event.

- 1. Violations of Items 1 through 7 of the “Code of Conduct” will be grounds for immediate removal from office and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant’s state department of education and parents or guardians. The participants from the participant’s state could be disqualified as well.
- 2. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant’s state department of education and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by attesting to the following statement:

**PARTICIPANTS: SIGN IF OVER AGE 18 AND ATTEST: I, \_\_\_\_\_,** have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information through lead retrieval system statement, and the Photography and Sound Release agreement, and, by signing, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA’s national and state associations.

**PARTICIPENTS SIGNATURE: \_\_\_\_\_**

**OR**

**PARENT/GUARDIAN – SIGN TO ATTEST FOR PARTICIPANT: I, \_\_\_\_\_,** have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information through lead retrieval system statement, and the Photography and Sound Release agreement, and, by signing, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA’s national and state associations I have provided all necessary medical information to the adult chaperoning my child for all events so that this person may act on my behalf in case of a medical emergency.

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_**