

# Officer Candidate Application Packet.



Please fill out this packet of forms completely and turn into your school's advisor.

Advisor – Please make sure all forms are filled out and bring these forms to the

## Elections Held

State Leadership and Skills Conference for presidents  
Fall Leadership Conference for all other officers



## 2018-2019 State Officer Candidate Application

PLEASE TYPE

Please submit two (2) copies of this application along with the original.

Division:  High School  Collage/Post Secondary

Name \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

School Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Career Technical Program \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check the statements that apply to you:

Email address \_\_\_\_\_

I am or was a local chapter SkillsUSA officer

Shirt Size \_\_\_\_\_

I attended NLSC.

### Officer Positions (check only one officer position per application)

President

Vice President

Secretary

Treasurer

Reporter

Parliamentarian

Historian

Undecided

### Officer Responsibilities, Duties and Endorsements

If I am elected as a state officer, I will be **required** to attend the functions listed below. Failure to attend these activities may be cause for disciplinary action at the discretion of the SkillsUSA South Dakota State Director. I also understand that it is my responsibility to work with my school to secure transportation to and from the events.

- a. Summer State Officer Training (passed)
- b. **Fall Leadership Conference** (November 14-15, 2018)
- c. **Mid-America Conference** (October 17 – 21, 2018 in Columbus NE)
- d. **Officer Training** (Dec. 3-4, 2018 TBA)
- e. **Legislative Shadow Day** (Feb 5-6, 2019 in Pierre)
- f. **State Leadership & Skills Conference** ( Apr. 11-12, 2019 Sioux Falls)
- g. **All SkillsUSA Board of Directors meetings throughout the year**
- h. **Any local/chapter activities assigned by State Advisor(s) of that chapter, with State Director approval**
- i. **Any additional activities assigned by the State Director**

**We hereby understand the name of the student on this application is worthy of representing SkillsUSA South Dakota as a State Officer. We understand that this student must be a paid SkillsUSA member. Additionally, it is understood that as an officer, this student will be required to be absent from class on certain days to attend SkillsUSA South Dakota functions. This officer candidate currently has at least a "C" average in her/his classes.**

\_\_\_\_\_  
Signature & Date of Officer Candidate

\_\_\_\_\_  
Signature & Date of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature & Date of Administrator

\_\_\_\_\_  
Signature & Date of Career Technical Instructor

*If an individual is disabled and needs special assistance or accommodations, please contact the South Dakota SkillsUSA Office at (605) 229-9145. The South Dakota Department of Education does not discriminate on the basis of race, color, national origin, sex, religious, age, or disability in the provision of services.*

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## Consent Form

I hereby irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by The Department of Education (DOE), SkillsUSA, or anyone it authorizes, of any and all photographs/video taken of me with or without names, as the case may be, for any editorial purpose, promotion, advertising, trade, or other purpose whatever.

I understand that the photographs or videos may be used initially in any or all publications in the promotion of DOE or SkillsUSA. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a Web site, or on a cover of any or all publicity of DOE or SkillsUSA. I hereby release DOE and/or SkillsUSA, its staff and employees, or anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over \_\_\_\_ years of age\*, have read this consent and release, or have had it read and explained to me in my native language,

Date: _____	Event (if applicable): _____		
Print Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Signature: _____			

**◆ If the consent form is for a high school student this form must be signed by Parent/Guardian ◆**

Parent/Guardian's Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Parent/Guardian's Signature: _____			

**Code of Conduct Agreement**  
(for officers and officer candidates)



As a state officer of SkillsUSA South Dakota, you have the responsibility to represent all members of the organization. Your conduct must be exemplary at all times while representing the organization, as well as, on your personal time. You will have an opportunity to meet students, advisors, administrators, business and industry leaders, and state government officials during your term of office. Your actions will set a standard for all SkillsUSA members to follow. When you sign this State Officer Contract, it should be with the understanding that your obligations are great, as are the rewards of serving your fellow members. You will also be reaffirming the ideals of SkillsUSA.

As a state officer of the SkillsUSA, South Dakota Association, I agree to adhere to the following code of conduct:

1. My conduct shall be exemplary at all times.
2. I will, at all times, respect all public and private property, including the hotel in which I am housed.
3. I will spend each night in the room of the hotel in which I am assigned.
4. I will keep my advisor or assigned state SkillsUSA staff persons informed of my whereabouts at all times.
5. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
6. I will not enter a sleeping room of the opposite gender without the supervision of an advisor.
7. 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.
8. Attendance at school is mandatory anytime it is in session. Grades must be kept at an above average level. All work missed while on SkillsUSA business will be made up in a timely manner.
9. I will attend all sessions of any event that I represent South Dakota SkillsUSA.
10. I will adhere to the dress code set by the SkillsUSA and the State Director during SkillsUSA events.
11. If involved in any activity that is detrimental to SkillsUSA, and/or my school, such as police arrest for DUI or drug charges, I will immediately forfeit my office.
12. I will respect official SkillsUSA attire and not smoke, consume alcohol, or participate in other disrespectful actions or activities while wearing it.

**Penalties**

Violations of items 1 – 12 will result in a warning with consequences, suspension of duty, or dismissal. Violations may be grounds for disqualification or suspension from an activity or office. The violator may be sent home at his/her own expense. Proper notification of the violation and action taken will be sent to the appropriate authority, school administrator and parents or guardians.

I understand that, by signing this contract, if I am in violation of the above regulations and/or conduct myself in a manner unbecoming of a SkillsUSA South Dakota State Officer, I may be brought before the State Director for an analysis of the violation. I further agree to accept the penalty imposed on me with the understanding that all such actions will be explained to me. I realize the severity of the penalty may increase with the severity of the violation.

It is within the spirit of being a proud and meaningful member of SkillsUSA that I agree to these rules of conduct by signing my name.

Name: _____	
Typed or Printed (Candidate)	
Signature of Candidate: _____	Date: _____
Parent Signature: _____	Date: _____
<b>◆ If the conduct form is for a high school student the form must be signed by Parent/Guardian ◆</b>	



- Fall Leadership Conference       Legislative Shadow Day  
 Mid-America Conference  
 Officer Training Conference       State Conference

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 the SkillsUSA events / conferences, including travel to and from the conference, 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 conference, whether occurring prior to, during or after the event. I do voluntarily authorize the SkillsUSA state director, school lead advisor, 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 judgment.

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 state director, schools lead adviser, and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments 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

SkillsUSA State Association: <u>South Dakota</u>			Parent's/Guardian's Name (if Participant is Under 18): _____		
Check One: <input type="checkbox"/> High School Division (Secondary) <input type="checkbox"/> College /Postsecondary			Parent's/Guardian's Phone: _____		
Participant's Name (First, Last) as it will appear on name badge: _____			Name of teacher/adult accompanying participant _____		
Participant's HOME Address: _____			Name of SkillsUSA advisor for participants occupational area: _____		
City: _____	State: _____	Zip Code: _____	School where participant's training/trade area is taught: _____		
HOME Phone (area code required): (    ) _____			Mailing Address of above school: _____		
Cell Phone (area code required): (    ) _____			City _____		
Age _____	Date of Birth (MM/DD/YY): _____	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	State _____		Zip Code: _____
Email address: _____			School phone number (area code required) (    ) _____		
Graduation Year: _____			Occupational Training/Trade Area in which contestant is enrolled _____		
Check one: <input type="checkbox"/> Student <input type="checkbox"/> Advisor (teacher) <input type="checkbox"/> Board Member <input type="checkbox"/> Observer/Other:					
How are you going to participate <input type="checkbox"/> Running for Office <input type="checkbox"/> Voting Delegate <input type="checkbox"/> Other (specify): _____					
<b>If elected to an office. You will be expected to attend all conferences. In the event you miss two conferences you will be removed from office and replaced.</b>					
<b>I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, and the Photography/ Media and Sound Release agreement, and, by signing below, 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.</b>					
Participant Sign Here:			Parent/Guardian Signature if H.S. Student		
<b>NOTE: All persons In high school or under legal age must have a parent or guardian Sign this form. If you are age 18 or older, please indicate that in Age blank of this form. Otherwise, this form will be returned for parent / guardian approval. All participants must Sign this form</b>					

As a candidate for state officer, you will be required to undergo an interview as well as give a 1-2 minute speech to the group of voting delegates as to why you should be elected for the position you are seeking.

You will need to have OFFICAL DRESS for the interview and speech.

<p><b>Official Attire for women:</b></p> <ul style="list-style-type: none"><li>~ Red SkillsUSA blazer, windbreaker or sweater</li> <li>~ White collarless or small-collared blouse or white turtleneck (collar must not extend over the blazer lapel or the sweater or windbreaker)</li> <li>~ Black dress skirt (knee-length) or black dress slacks</li> <li>~ Black shoes</li></ul>	<p><b>Official attire for men:</b></p> <ul style="list-style-type: none"><li>~ Red SkillsUSA blazer, windbreaker or sweater</li> <li>~ White dress shirt with collar</li> <li>~ Plain solid black tie</li> <li>~ Black dress slacks</li> <li>~ Black dress shoes – No boots</li></ul>
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Typically your school will loan you the red blazer.

If you have any questions you can contact the SkillsUSA South Dakota office at

[SDSKILLS@lakeareatech.edu](mailto:SDSKILLS@lakeareatech.edu) or by phone at 605-880-2445