Officer Candidate Application Packet.



Please fill out this packet of forms completely and turn into your schools 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



2017-2018 State Officer Candidate Application

PLEASE TYPE

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

| Division: High S | 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 | |
| Shirt Size | I attended NLSC. |
| Officer Positions (check only one officer position $\boldsymbol{\mu}$ | per application) |
| President Vice President | Secretary Treasurer |
| Reporter Parliamentarian | Historian Undecided |
| a. Summer State Officer Training (June 6-7 b. Fall Leadership Conference (September c. Mid-America Conference (October 17 . d. Officer Training (Dec. 3-4, 2018 TBA) e. Legislative Shadow Day (Feb 5-6, 2019 f. State Leadership & Skills Conference g. All SkillsUSA Board of Directors meet h. Any local/chapter activities assigned by the second content of th | er 25-26, 2018 in TBA) 21, 2018 in Columbus NE) 9 in Pierre) (Apr. 11-12, 2019 Sioux Falls) ings throughout the year by State Advisor(s) of that chapter, with State Director approval |
| Dakota as a State Officer. We understand that the understood that as an officer, this student will | t on this application is worthy of representing SkillsUSA South his student must be a paid SkillsUSA member. Additionally, it is be required to be absent from class on certain days to attend candidate currently has at least a "C" average in her/his classes. 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.





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.

| the does somethed above. | | | | |
|--|------------------------|------------------|---|--|
| I am over years of age to me in my native languag | | consent and rele | ease, or have had it read and explained | |
| Date: | Event (if applicable): | | | |
| | | | | |
| Address: | | | | |
| City: | | | Phone: | |
| Signature: | | | | |
| | | | must by signed by Parent/Guardian◆ | |
| Parent/Guardians Name: | | | | |
| Address: | | | | |
| City: | State: | Zip: | Phone: | |
| Parent/Guardianos 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.

| Date: |
|-------|
| Date: |
| _ |



| ☐ Fall Leadership Conference |
|-------------------------------|
| ☐ Mid-America Conference |
| ☐ Officer Training Conference |

| ☐ State | Conference |
|---------|------------|

☐ Legislative Shadow Day

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: | | Parents/Guardians Name (if Participant is Under 18): | | | |
|---|-------------------------|--|--|--|--|
| | South Dakota | | | | |
| Check One: High School Divisi | on (Secondary) | Parents/Guardians Phone: | | | |
| ☐ College /Postseco | ndary | | | | |
| Porticipante Norse (First Lost) as it will an | | Name of to a boule disk and a surject a sufficiency | | | |
| Participants Name (First, Last) as it will ap | pear on name badge: | Name of teacher/adult accompanying participant | | | |
| | | Name of SkillsUSA advisor for participants occupational | | | |
| Participants HOME Address: | | area: | | | |
| | | | | | |
| City: | State: Zip Code: | School where participants training/trade area is taught: | | | |
| | | | | | |
| HOME Phone (area code require | ed): | Mailing Address of above school: | | | |
| () | | | | | |
| Cell Phone (area code required) | : | City | | | |
| () | | | | | |
| Age Date of Birth (MM/DD/YY): | Check One: | State Zip Code: | | | |
| | □ Male | | | | |
| | _ □ Female | | | | |
| Email address: | | School phone number (area code required) | | | |
| | | () | | | |
| Craduation Voor | | Occupational Training/Trade Area in which contestant is | | | |
| Graduation Year: | | enrolled | | | |
| | | | | | |
| Check one: Student Adv | isor (teacher) | Board Member Observer/Other: | | | |
| | | | | | |
| How are you going to participate ☐ Running for Office ☐ Voting Delegate ☐ Other (specify): | | | | | |
| | | | | | |
| If elected to an office. You will be expremoved from office and replaced. | ected to attend all cor | nferences. In the event you miss two conferences you will be | | | |
| removed from office and replaced. | | | | | |
| | | | | | |
| 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. | | | | | |
| | | | | | |
| Participant Sign Here: | | Parent/Guardian Signature if H.S. Student | | | |
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| | | <u> </u> | | | |
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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

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.

Official Attire for women:

- ~ Red SkillsUSA blazer, windbreaker or sweater
- White collarless or smallcollared blouse or white turtleneck (collar must not extend over the blazer lapel or the sweater or windbreaker)
- Black dress skirt (knee-length) or black dress slacks
- ~ Black shoes

Official attire for men:

- Red SkillsUSA blazer, windbreaker or sweater
- ~ White dress shirt with collar
- ~ Plain solid black tie
- ~ Black dress slacks
- ~ Black dress shoes . No boots

Typically your school will loan you the red blazer.

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

Skillsusasd@gmail.com or by phone at 605-229-9145