



National Officer Candidate Requirement Checklist

Name: _____ State _____ Region _____

- Active membership in SkillsUSA in the appropriate division. Dues paid by the March 1st.
- Letter of endorsement from State Association Director, in the state association where candidate will be serving during his/her term in office.
- Verification letter from a school administrator stating the candidate has at least one full year remaining in a trade, industrial, technical or health occupations program.
- Complete National Officer Candidate Minimum Qualifications List (NLSC-3)
- Complete National Officer Candidate Personal Data and Media Release Form (NLSC-3a)
- Complete National Officer Contract (NLSC-3b)
- Complete Medical Release Form (NLSC-3c)
- Complete Travel Permission (NLSC-3d)
- Complete State Association Director Endorsement Form (NLSC-3e)
- Submit two additional letters of recommendation
 - a. school administrator support
 - b. the candidate's Chapter Advisor support

NOTE: High School candidates graduating and entering a college/postsecondary program, must include letters of support from both the high school administrator and the college/postsecondary school administrator. Please make sure the address of the college/postsecondary school is included in the letter.

- If High School candidate, submit verification of completion of PDP Levels 1 and 2. If College/Postsecondary candidate, submit verification of completion of PDP Levels 1 and 2 OR completion of 15 or more lessons in CSEP.

NOTE: Verification can be completion certificates or letter from advisor or administrator.

- Submit Personal résumé (1-2 Pages)
- Submit Bio Sheet to be used as an introduction at conferences. NOTE: Bio should be a short paragraph(s) describing candidate, his/her accomplishments and future goals.

Note: Applications and forms received after the June 1st deadline or incomplete applications will result in disqualification of candidate.

National Officer Candidate Form and Minimum Qualifications List

State Association: _____ (check one) High School ___ College/Postsecondary ____

- At-Large Positions (President, Vice President, Secretary, Treasurer, Parliamentarian)
 Regional Vice President (High School only)

Please type or print clearly and neatly

Full Name _____ CTE Program _____

School Name _____ Advisor _____

School Address _____

City _____ State _____ ZIP _____

School phone (____) _____ School fax (____) _____ Advisor email _____

Minimum Qualifications

To qualify as a National Officer Candidate, a student must:

- A. Have active membership status in the appropriate division at the school where the chapter is established and student is enrolled. Must be currently enrolled in a trade, industrial, technical or health occupation program at the time of application.
- B. Must plan to continue in the training program at least one more year.
- C. Have endorsement of their state association through a majority vote of the state house of delegates or executive council.
- D. Have at least one full year remaining in a high school trade, industrial, technical or health occupations program. Must be enrolled in the program on September 1 of the year in which he or she is to serve.

-OR-

Have at least one year of training left in a college/postsecondary trade, industrial or health occupations program. Must be enrolled in the program on September 1 of the year in which he or she is to serve

- E. Have an occupational objective in trade, industrial, technology or health occupations field, and this must be of record. For College/Postsecondary, this occupational objective must apply to the postsecondary training the applicant is receiving or will receive in the school in which he or she has been accepted.
- F. Be available to represent the national organization through personal appearances during his or her tenure of office.
- G. Complete Levels 1 and 2 of the SkillsUSA Professional Development Program (PDP) or fifteen lessons in Career Skills Education Program (CSEP).
- H. Have been a participant in one of the following activities at the state, regional or district level: (a) nationally recognized leadership contest (b) officer candidate (c) voting delegate
- I. Demonstrate knowledge implied in the SkillsUSA Leadership Handbook, Levels 1 and 2 of the SkillsUSA Professional Development Program or Career Skills Education Program, whether or not an organized program is in operation in the applicant's school. Knowledge must be demonstrated through a written exam at the SkillsUSA National Leadership and Skills Conference.

- J. Attend National Officer Training. If a national officer elect fails to attend national officer training, the officer will forfeit his or her right to serve as an officer for that year. Replacements for national officers continues to follow the set guidelines in Article V, Section 3, but only before national officer training.
- K. File all National Officer Candidacy forms with the National Office by June 1 deadline.
- L. Respect the nomination, election and campaign policy restrictions.
- M. If elected, attend orientation during the SkillsUSA Awards Ceremony on Friday night.

_____/_____/_____
National Officer Candidate Date _____ _____/_____/_____
SkillsUSA Advisor Date

_____/_____/_____
Parent/Guardian Date _____ _____/_____/_____
High School or under 18 years old only Local Administrator Date

National Officer Candidate Personal Data Form SkillsUSA, Inc.

National Officer Candidate's Name as it should appear on the ballot:

Contact information:

Mailing address _____

City _____ State _____ ZIP _____

Home phone (____) _____ Cell (____) _____ Work (____) _____

E-Mail (home) _____ Age _____ Date of birth ____/____/____

Single _____ Married _____ Spouse's Name _____

Clothing

SkillsUSA Blazer Size Men/Women # _____ Regular /Long

Dress Shirt Size: Small Medium Large X Large 2XL 3XL Other _____

Polo Shirt Size: Small Medium Large X Large 2XL 3XL Other _____

Sweater Size: Small Medium Large X Large 2XL 3XL Other _____

Travel Information

Name as it appears on your Driver's License or State ID:

Airport I will be using _____

City and State: _____

Number of miles from home to airport terminal: _____

**Please complete ALL information as you want it printed on your business cards.
Type or PRINT neatly.**

Name

School Name (Entire proper name—no acronyms/abbreviations)

School Address, City, State and ZIP

(School Telephone Number and area code and Fax)

(For accuracy in printing business cards, please print clearly)

Name _____

Correspondence: Names, complete address and email address of individuals who should receive copies of correspondence (please include your local advisor and school principal of the school you are attending). Your state director will automatically be included. Complete addresses are needed.

Advisor

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Cell (_____) _____
E-mail _____

School Administrator

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
E-mail _____

Family (Parent or Guardian)

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Cell (_____) _____
E-mail _____

Family (Parent or Guardian)

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Cell (_____) _____
E-mail _____

Please complete the following sentences. (*Attach a separate sheet of paper if needed*).

I want to become a national officer because:

As a national officer, I want to accomplish the following:

I like my career and technical area because:

The best thing about my instructor is: _____

After I complete my training program, I plan to get the following kind of job: _____

My long-range goal is: _____

National Officer Candidate Media Release Form SkillsUSA, Inc.

Please complete the following for press release opportunities

Full Name _____		
Address _____		
City _____	State _____	ZIP _____
Home phone (_____) _____	E-mail _____	
School Name _____	Advisor _____	
School Address _____		
City _____	State _____	ZIP _____
School phone (_____) _____	Fax (_____) _____	
Schools web address _____		

Name of local newspaper, radio and television stations

1. _____
2. _____
3. _____
4. _____

CTE training objective: _____ Type of program enrolled: _____

Year in school: _____ Completion date: _____

CTE Instructor's name: _____ e-mail _____

SkillsUSA Advisor's name _____ e-mail _____

SkillsUSA honors (offices held, awards received, etc.)

Other honors (school, community, state and national)

(If needed, you may attach a separate sheet of paper)

National Officer Contract SkillsUSA, Inc.

As a national officer of **SkillsUSA, Inc.** (Name) _____ has the responsibility to represent all members of the organization. My conduct must be exemplary at all times while representing the organization and on my personal time. I will have an opportunity to meet students, advisors, administrators, business and industry representatives during my term of office. My actions will set a standard for all SkillsUSA members to follow. When I sign this **National Officer Contract**, it will be with the understanding that my obligations are great, as are the rewards of serving my fellow members. I will also be reaffirming the ideals of **SkillsUSA, Inc.**

As a national officer of **SkillsUSA, Inc.**, I agree to adhere to the following rules and regulations:

1. I will, at all times, respect all public or private property and the rights of others.
2. When traveling for SkillsUSA, I will spend each night in the room of the hotel/motel to which I am assigned.
3. When traveling for SkillsUSA, I will abide by the curfew established.
4. When traveling for SkillsUSA, I will keep the assigned SkillsUSA staff person in charge informed of my whereabouts at all times.
5. When traveling for SkillsUSA, I will not leave the hotel/motel to which I am assigned without the express permission of the assigned SkillsUSA staff person(s).
6. I will not be in the sleeping room with a member of the opposite sex unless the door is completely open at all times, unless the person is my spouse.
7. I will not use alcoholic beverages or nonprescription drugs at any time.
8. My conduct will be exemplary at all times, during and outside of SkillsUSA functions. Any behaviors contrary to SkillsUSA's culture of inclusion and diversity will result in disciplinary action.
9. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
10. I will respect authority at all times.
11. I will adhere to the dress code at all times.
12. I will respect the official SkillsUSA attire by not smoking while wearing it.
13. I will attend all activities for which I am assigned, registered and will be on time to all functions and assignments.
14. I will attend the following functions as assigned:
National Officer Training (9 days); Pre-National Leadership & Skills Conference (4 days); National Leadership & Skills Conference (10 days); others as assigned
15. I will send national officer monthly reports to the national officer trainer and my state directors to be received by the assigned date regardless of my other activities.
16. I will strive to maintain above average grades in all my classes, and I will forfeit my office if I receive an F on my report card.
17. I will attend school each day it is in session, unless I am on official SkillsUSA business or ill. I will make up all work missed.
18. I will serve my state in an ex-officio capacity.
19. I will accept SkillsUSA assignments when possible and understand I am to keep accurate records of all expenses incurred. I will submit the proper vouchers and receipts to SkillsUSA within five days of completion of an assignment.
20. I will submit my name on a membership roster and dues as a member for the year in which I am a National Officer by March 1st.
21. If involved in any activity that is detrimental to SkillsUSA, and/or my school, such as police arrest, I will immediately forfeit my office.
22. I will attend or take classes at the school where my SkillsUSA chapter is based.

23. During my year as a SkillsUSA national officer, I will represent my organization with respect. I will give SkillsUSA staff permission to follow any content I post on social media. I understand social media sites will be monitored. I will remove any offensive material or any material not reflective of SkillsUSA's culture of inclusion and diversity when requested to do so. If I fail to do so and post inappropriate, unapproved or any material contrary to SkillsUSA's culture of inclusion and diversity, I will be put on probation as an officer and subject to the consequences. I also understand my personal e-mail address must reflect a professional image, or I will create a new e-mail address for SkillsUSA correspondence.
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Violations and Penalties

Violations of any items in this contract may result in a warning and/or reprimand. 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 parties.

By signing this contract and if elected, I understand if I am in violation of any of the above regulations and/or conduct myself in a manner unbecoming of a SkillsUSA national officer, I may be removed from office or suspended from travel appearances. With the understanding that all such actions will be explained to me, I further agree to accept the penalty imposed on me. I realize the severity of the penalty may increase with the severity of the violation.

Typed or Print Name of Candidate

Signature of Candidate

___/___/___
Date

I have read and understand the SkillsUSA Officer Contract and agree to support its guidelines and the above named student to the best of my ability:

Parent/Guardian
High School or under 18 years old only

___/___/___
Date

SkillsUSA Advisor

___/___/___
Date

Local Administrator

___/___/___
Date

Home High School Administrator
(if attending a career or technical center)

___/___/___
Date

State Association Director

___/___/___
Date

National Officer Confidential Medical Information SkillsUSA, Inc.

Name _____

Address _____

City, State, ZIP _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Date of birth ____/____/____

(Check one) High School ____ College/Postsecondary ____

NOTE: All persons under legal age must have a parent and/or guardian agree to affix their signature to this form. **All participants must sign this form.**

I hereby agree to release **SkillsUSA, Inc.**, its representatives agents, and employees from liability for any injury to me resulting from any cause whatsoever occurring at any time while carrying out officially assigned travel or business for **SkillsUSA, Inc.**

The SkillsUSA national staff, assistants and/or designees are authorized to administer and/or obtain, routine or emergency diagnostic procedures and/or routine or emergency medical treatment for me as deemed necessary in medical judgment.

I agree to indemnify and hold harmless **SkillsUSA, Inc.**, and said assistants and designees for any and all claims, demands, and actions, rights of action and/or judgments by or on my behalf 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 my responsibilities as a national officer and will, to the best of my ability, apply myself for the purpose of my assignment and uphold at all times the finest qualities of a person representing **SkillsUSA, Inc.**

(Signed)

_____/____/____
National Officer Candidate Date

_____/____/____
Parent/Guardian Date
High School or under 18 years old only

Confidential Medical Information

Name _____

(Please print or type) Parents or Guarantor

Father's Name _____
Address _____
City, State, ZIP _____
Phone (_____) _____
E-mail _____

Mother's Name _____
Address _____
City, State, ZIP _____
Phone (_____) _____
E-mail _____

Guarantor _____
City, State and ZIP _____
E-mail _____

Address _____
Phone (_____) _____

Employer of Insured _____
Address _____
Phone (_____) _____

City, State, and ZIP _____
Fax (_____) _____

Emergency Contact Person: _____
Address _____
Phone (_____) _____

City, State, and ZIP _____

List all medications currently taking:	List any known drug allergies:	List any physical restrictions:	List any dietary restrictions:
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5

Important: A copy of the medical insurance card must accompany this form—(both sides).

Family insurance company and address: _____

Plan/Group/Policy Number _____

Policy Holder's name and Social Security Number: _____

Complete this section only if student DOES NOT HAVE INSURANCE

This confirms that (name) _____ does not have insurance at this time. This will grant a representative from SkillsUSA, Inc., to obtain any medical treatment necessary in the event that I cannot be reached

Signature of Parent/Guardian or
Student of legal age Self Support

____/____/____
Date

National Officer Travel Permission SkillsUSA, Inc.

National Officers of SkillsUSA, Inc., may be required to attend the following functions:

- A. National Officer Training (9 days) in July
- B. Washington Leadership Training Institute (5 days) in September (Optional)
- C. Pre-National Leadership and Skills Conference Training (4 days) in March
- D. National Leadership and Skills Conference (10 days) in June
- E. Others as assigned

I understand that SkillsUSA National Officer (name) _____ may travel without the supervision of a national staff person or other authorized person until they reach their destination. Upon arrival at their destination, they will be supervised until their departure home.

If parents/guardians, school administrators, school advisors or other care takers are not comfortable with this requirement, they shall be responsible for making travel arrangements for a chaperone at their own expense.

	__/__/__		__/__/__
Parent/Guardian	Date	SkillsUSA Advisor	Date
<i>High School or under 18 years old only</i>			

	__/__/__
Local Administrator	Date
High School, Only	

National Officer Candidate's State Director Endorsement

This form must accompany the national officer candidate's forms submitted by the candidate for SkillsUSA to process and qualify the candidate.

I (State SkillsUSA Association Director), _____ hereby certify that all forms and information submitted by (national officer candidate) _____ are accurate and complete to the best of my knowledge and the following forms/verification have been submitted.

- 1. Paid membership in the appropriate division by March 1
- 2. Endorsement from State Association Director of association where candidate will be serving his/her term in office
- 3. At least one full year remaining in a CTE program (verify by letter from school)
- 4. Submit NLSC-3 form (minimum qualification list)
- 5. Submit NLSC-3a form (personal data and media release)
- 6. Submit NLSC-3b form (national officer contract)
- 7. Submit NLSC-3c form (medical release and copy of insurance card, both sides)
- 8. Submit NLSC-3d form (travel permission)
- 9. Submit NLSC-3e form (state director's approval)
- 10. Submit two additional letters of recommendation
 - a. school administrator support
 - b. local chapter advisor support

NOTE: High School candidates graduating and entering a college/postsecondary program, must include letters of support from both the high school administrator and the college/postsecondary school administrator. Please make sure the address of the college/postsecondary school is included in the letter.

- 11. Submit verification of completion of PDP Levels 1 and 2 and/or CSEP
 - (PDP copy of certificate or workbook completion page)
 - (CSEP letter verification of completion of 15 + lessons, by school administrator)
- 12. Submit personal résumé (1-2 Pages)
- 13. Submit Bio Sheet **NOTE:**
Bio should be a short paragraph(s) describing candidate, his/her accomplishments and future goals.

- All forms/letters should be submitted together and must meet the June 1st deadline.

State Association

(Signed) State SkillsUSA Director

__/__/__
Date