

SkillsUSA New York STATE OFFICER CANDIDATE FORM

Each club is eligible to submit the name of one candidate for State Office. All candidates must pass a written SkillsUSA New York Officer Qualifying Test and screening interview.

NAME _____ AGE _____
HOME MAILIN ADDRESS _____

HOME PHONE () _____ SCHOOL PHONE () _____
VOCATIONAL SCHOOL _____
SCOOOL MAILING ADDRESS _____

CHAPTER _____
LOCAL SkillsUSA New York OFFICES HELD _____
OCCUPATIONAL TRAINING OBJECTIVE _____
YEAR IN SCHOOL _____

CANDIDATE INFORMATION SHEET

If you had your choice what offices, would you like to be recommended for? (For screening prepare to recite the part of the Officer Position of your 1st choice.)

1st Choice _____
2nd Choice _____
3rd Choice _____

The following information must be in the **candidate's own handwriting**. You may attach additional pages.

1. Give a brief personal history.

2. What does SkillsUSA mean to you?

3. What office would you like to seek, and what are your qualifications for that office.

4. What contributions have you made to your local club, school or other leadership organizations?

5. Please attach an attendance report for both last year and this year. (Home School and Vocational Center)

6. Please attach a report card, indicating all your grades for both last year and this year. (Home School and Vocational Center)

Note: If your transcript of grades show a failing grade, you must show proof that that grade has been raised or that the course has been retaken.

As a candidate, you must choose a campaign manager who will take charge of your campaign in a professional manner.

Your manager must see that the Campaign Committee from your school conducts a fair and honest campaign effort. S/he must make sure that your committee abides by the rules set forth by the SkillsUSA New York Campaign Committee (see “So You Want to be a State SkillsUSA Officer).

Your campaign manager will introduce you at the House of Delegates business meeting at the annual State Conference.

Please submit this information at the time of this application.

Campaign Manager _____

Vocational School _____

Advisor to Candidate _____

Vocational School _____

School Telephone Number () _____

SkillsUSA New York OFFICER CANDIDATE PERMISSION SLIP

NOTE: Signatures required for both State Officer Candidacy and National Delegate Position.

PARENTS:

If my son/daughter should become a SkillsUSA New York State Officer, my cooperation will be needed in carrying out the responsibilities of the office. I understand that my son/daughter will be absent from home at times. I am sure the training and experiences received as an officer will warrant my cooperation. I approve my son's/daughter/s candidacy.

Signed _____
Parent or Guardian

VOCATIONAL PRINCIPAL or DIRECTOR:

I understand the importance of support of the State Officer. I agree to the following:

1. I will provide a teacher as an advisor to the candidate for the entire school year, including summer obligations. I will verify student's passing grades and attendance at the request of the Officer Team Manager during the term of the officers. The teacher is expected to provide leadership for the student throughout the school year. I certify that _____ (Advisor) will be permitted the necessary time, travel and financial support to assist _____ (Candidate) in carrying out the duties and responsibilities of state office.
2. I will assist the student in carrying out his/her state office by, paying travel expenses to all state meetings and conferences. I will allow the student to attend all state meetings and conference and will provide an advisor from my school to accompany the state officer to all official meetings and duties.

Signed _____
Principal/Director

LOCAL SCHOOL ADMINISTRATOR (where applicable):

If _____ (Candidate) should become a SkillsUSA New York State Officer, my cooperation will be needed in carrying out the responsibilities of the office. The development of true leadership demands a continuous effort on the part of the student.

_____ (Candidate) will be permitted the necessary time to carry out the duties and responsibilities of this office. I will also verify state officer's grades and attendance if required.

Signed _____
Local School Administrator

ADVISOR:

The development of true leadership demands a continuous effort on the part of both the student and the advisor. I certify that _____ (Candidate) is qualified for the designated office and is a student in a secondary school education program. I will give _____ (Candidate) the training, chaperoning and direction necessary to aid in fulfilling his/her duties as a SkillsUSA New York State Officer. I understand that I will need to accompany the State Officer to all State meetings and conferences. I will also be in contact with the State Coordinator and Officer Team Manager should problems arise pertaining to grades, attendance or health problems.

Signed _____
State Officer (elect) Advisor

CERTIFICATION by CANDIDATE:

I hereby agree to conduct myself at all times in a manner befitting an officer of SkillsUSA to perform the duties and responsibilities of my office to the best of my ability, and to work for the good of the State Association.

I also understand that I will not be able to enter any state or national competition during the year of my candidacy and year of office, should I be elected.

Signed _____
Candidate

NATIONAL DELEGATE POSITION

_____ (Candidate), if elected as a SkillsUSA-VICA New York State Officer, will also be elected as a National Delegate. The Vocational School will need to pay the expenses of the National Delegate and their advisor to attend the SkillsUSA National Convention. (The school can decline to endorse this candidacy).

We give _____ (Candidate) our permission to participate as a National Delegate. and we will allow him/her to fulfill the duties and responsibilities of this position.

Signed _____ Parent/Guardian
Signed _____ Principal/Director
Signed _____ Local School Administrator
Signed _____ Advisor