

NEW YORK SECONDARY ASSOCIATION OF SkillsUSA NEW YORK
NATIONAL DELEGATE CANDIDATE FORM

NAME: _____ AGE: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE: _____ SkillsUSA New York AREA: _____

CAREER CENTER or TECH SCHOOL: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

CAREER CENTER or TECH SCHOOL PHONE: _____

ADVISOR: _____

Qualifications for Eligibility as a Delegate to the National Conference

CANDIDATES:

- **Must be an active SkillsUSA New York member having at least one full school year remaining prior to graduation from secondary school.**
- Must be elected by the SkillsUSA New York House of Delegates.
- **Must attend all General Sessions and House of Delegate Sessions at the Annual Spring Conference.**
- Must attend one week of General Sessions and House of Delegate Sessions at the SkillsUSA National Conference in the year elected. (may not arrive after the conference begins or leave before the last delegate session – Friday afternoon).
- Must be accompanied by their local SkillsUSA New York Advisor to the National SkillsUSA Conference.
- Must complete and submit this form to the New York State Secretary during the morning business session of the House of Delegates at the Annual Spring Conference.

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TO PARENTS: If your son/daughter should become a delegate to the National SkillsUSA Conference, it will be necessary for him/her to be away from home to attend the conference. Your permission is necessary and your support is appreciated. We are sure the training and experience they will receive will be beneficial. Please sign below indicating your approval for your son/daughter's candidacy.

Signed: _____
Parent or Guardian

TO VOCATIONAL PRINCIPAL or DIRECTOR: It is essential that you be aware of the importance of the teacher/advisor's role in helping a student carry out his/her duties and responsibilities as a National Delegate. The teacher/advisor is expected to accompany the candidate to the National Conference. I certify that, in my opinion, _____ (Candidate) is qualified for the office of National Delegate, and that _____ (Advisor) will be permitted the necessary time to accompany, support and assist the candidate in carrying out the duties and responsibilities of their office.

Signed: _____
Principal or Director

TO LOCAL SCHOOL ADMINISTRATOR: If _____ (Candidate) should be elected as a delegate to the National SkillsUSA Conference, it may be necessary for this student to be absent from classes, testing and/or other school activities in order to attend. Specific dates will be forthcoming. I certify that, _____ (Candidate), in my opinion, is a viable candidate for the office of National Delegate, and will be permitted the necessary time to carry out the duties and responsibilities of this office.

Signed: _____
Local School Administrator

TO ADVISOR: The development of leadership demands a continuous effort on both the part of the student and that of the advisor. I certify that _____ (Candidate) is qualified for the office of National Delegate. I will give him/her the training, chaperoning and direction necessary to aid in fulfilling his/her duties as a delegate to the National SkillsUSA Conference.

Signed: _____
Advisor

CERTIFICATION by CANDIDATE: I hereby agree to conduct myself, at all times, in a manner befitting a SkillsUSA delegate; to perform the duties and responsibilities of my office to the best of my abilities; and to work for the good of the SkillsUSA New York Secondary Association.

Signed: _____
Candidate