

## New York State Officer Candidate Requirement Checklist

Name: \_\_\_\_\_ Area \_\_\_\_\_

1. Active membership status by February 1
2. At least one full year remaining in a CTE program (verify by letter from school)
3. Submit Form A (minimum qualification list)
4. Submit Form B (personal data )
5. Submit Form C ( Officer Contract)
6. Submit two additional letters of recommendation
  - a. school administrator support
  - b. local chapter advisor support

**NOTE:** These letters must be from the advisor/administrator of the school you will be attending as a State officer and where your chapter is located during your term in office.

7. Submit personal resume (1-2 Pages)
8. Bio Sheet (a short paragraph (s) describing you, your accomplishments and future goals that could be used as an introduction at conferences)

All forms/letters should be submitted together and must meet the deadlines as established by the SkillsUSA New York Board of Directors.

**DEADLINE February 2, 2018!**

**Forms received after the deadline or missing forms and/or signatures may result in disqualification as a candidate.**

**Mail or E-Mail application and all forms to:**

Bruce Potter, NYS SkillsUSA Director  
5D Marple Lane  
Hilton, New York 14468  
Direct: 585-366-4675  
Cell Phone: 716-504-7176

E-Mail: [Bpotter@nysskillsusa.org](mailto:Bpotter@nysskillsusa.org)

# New York State Officer Candidate form and Minimum Qualifications List - New York State SkillsUSA

Position ( Please circle) President, Secretary, Treasurer, Parliamentarian, Reporter Regional Vice President

***Please type or print clearly and neatly***

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

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

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail (home) \_\_\_\_\_

School Name \_\_\_\_\_ Advisor \_\_\_\_\_

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

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

School phone ( \_\_\_\_\_ ) \_\_\_\_\_ School fax ( \_\_\_\_\_ ) \_\_\_\_\_

## Minimum Qualifications

The officer candidate (**attach supporting data**):

- A. Has active membership status (as defined by SkillsUSA's Board of Directors) at the school where the chapter is established, student is enrolled at the time of the application and must continue in the training program at least one more year.
- B. Has at least one full year remaining in a secondary preparatory CTE trade, industrial, technology or health occupations program.
- C. Has an occupational objective in trade, industrial, technology or health occupations field, and this must be of record.
- D. Must be available to represent the New York State organization through personal appearances, and other appearances as assigned.
- E. Will abide by State policy which prohibits competition in the State SkillsUSA Championships while serving term as a State officer  
NOTE: May compete as a National Officer Candidate.
- F. Will file candidacy for office (all forms) with the New York State Coordinator no later than **February 2, 2018**.
- G. Will respect the nomination, election and campaign policy restrictions.
- H. Will complete all other necessary State officer candidate forms.
- I. Has demonstrated knowledge implied in the *SkillsUSA Leadership Handbook*

\_\_\_\_\_  
State Officer Candidate

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **Important information!**

**Forms received after the deadline or missing forms and/or signatures may result in disqualification as a candidate.**

**New York State Officer Candidate Personal Data Form SkillsUSA, Inc.**

*New York State Officer Candidate's Name as it should appear on the ballot:*

**Preferred mailing address:**

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
E-Mail (home) \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Clothing**

*Please visit a local clothing store to be properly fitted. Please allow room for growth*

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**

Airport I will be using \_\_\_\_\_  
City and State: \_\_\_\_\_  
Number of miles from home to airport terminal: \_\_\_\_\_

*Please complete ALL information. 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)

*(Please print clearly your name for name badge!)*

\_\_\_\_\_  
Name

**Correspondence:** Names of individuals, complete addresses and email address who should receive copies of correspondence (please include your local advisor and school principal of the school you are attending).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

**I want to become a state officer because:**

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**As a state officer, I want to accomplish the following:**

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**I like my career and technical area because:**

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**The best thing about my instructor is:**

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

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**My long-range goal is:**

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Please list parent/guardian's name(s) and contact information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

## New York State Officer Contract SkillsUSA, Inc.

As a New York State officer of **SkillsUSA**. (Name) \_\_\_\_\_ has the responsibility to represent all members of the organization. Your conduct must be exemplary at all times while representing the organization and on your personal time. You will have an opportunity to meet students, advisors, administrators, business and industry representatives during your term of office. Your actions will set a standard for all SkillsUSA members to follow when you sign this **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 **SkillsUSA**,, I agree to adhere to the following rules and regulations:

1. I will, at all times, respect all public and private property.
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 and shall respect the rights of others.
4. 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.
5. I will not use alcoholic beverages or nonprescription drugs at any time.
6. 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).
7. 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.
8. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
9. I will respect authority at all times.
10. When traveling for SkillsUSA, I will keep the assigned SkillsUSA staff person in charge informed of my whereabouts at all times.
11. I will respect the official SkillsUSA dress by not smoking while wearing it.
12. I will attend all activities for which I am assigned, registered and will be on time to all functions and assignments.
13. I will adhere to the dress code at all times.
14. I will attend the following functions as assigned: Officer Training (5 days); Fall Leadership (4 days) Skills Conference (5 days); others as assigned.
15. I will send State officer reports to be received by the assigned date regardless of my other activities.
16. I will strive to maintain average grades in all my classes.
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 State Officer.
21. 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.
22. I will attend or take classes at the school where my SkillsUSA Chapter is based. As an officer of SkillsUSA, I will represent my organization with respect. That means that for my term of office, any content I post on the Internet, for example, on Facebook, MySpace, YouTube or other Web sites, must be reviewed by an authorized adult such as my advisor, parent or guardian. I also understand these Web sites will be monitored, and I will be requested to remove offensive material or any material not reflecting SkillsUSA's culture of inclusion and diversity. 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 of my advisor, school and/or state advisor or SkillsUSA national staff member. I also understand my personal email address must reflect a professional image, or I will create a new e-mail address for SkillsUSA correspondence. Please supply all Web site URL addresses and e-mail addresses

## 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 state department of Education official (s) and parents or guardians.

I understand that, by signing this contract and if elected, if I am in violation of any of the above regulations and/or conduct myself in a manner unbecoming of a SkillsUSA New York officer, I may be removed from office or suspended from travel appearances. 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.

\_\_\_\_\_  
Typed or Print Name of Candidate Signature of Candidate

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
CTE Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Home High School Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Mail or E-Mail application and all forms to:**

Bruce Potter, NYS SkillsUSA Director  
5D Marple Lane  
Hilton, New York 14468  
Direct: 585-366-4675  
Cell Phone: 716-504-7176  
E-Mail: [Bpotter@nysskillsusa.org](mailto:Bpotter@nysskillsusa.org)