



SkillsUSA

NEW YORK

**State Officer Candidate
Application**



New York State Officer Candidate Form and Qualifications List

All candidates for office will submit all forms to the New York State Director no later than **February 2nd, 2026**. **Important information!** Forms received after the deadline or missing forms and/or signatures May result in disqualification as a candidate.

Please Type or Print Clearly and Neatly

Choose a Position: At Large_____ Regional Vice President_____

If not selected as Regional Vice President, you may run for an At Large Position.

Full Name:_____ Nickname:_____

Home Address:_____ City:_____

State:_____ Zip Code:_____ Home Phone:_____ Cell:_____

Work Phone:_____ Personal E-Mail:_____

CTE School Name:_____

CTE School Address:_____ City:_____

State:_____ Zip:_____ CTE School Phone Number:_____

The Officer Candidate: (include a letter from the CTE Administrator validating the following):

- A. Must hold an active membership for the ongoing academic year.
- B. Should have at least one full year left in a secondary preparatory CTE program related to trades, industry, technology, or health occupations.
- C. Must be willing to represent the New York State organization through personal appearances and other assigned engagements.
- D. Will adhere to State policy that forbids competition in the NY State SkillsUSA Championships while serving as a State Officer. **NOTE:** Eligibility to compete as a National Officer Candidate is permitted.
- E. Will honor the nomination, election, and campaign policy guidelines. (See NYS Officer Candidate Handbook)
- F. Has shown a solid understanding of SkillsUSA.

Signatures needed below:

State Officer Candidate Signature:_____ **Date:**_____

SkillsUSA Advisor Signature:_____ **Date:**_____

CTE Administrator Signature:_____ **Date:**_____

Parent/Guardian Signature:_____ **Date:**_____

New York State Officer Candidate Personal Data Form

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

Full Name:_____

Home Address:_____ City:_____

State:_____ Zip Code:_____ Home Phone:_____ Cell:_____

Work Phone:_____ Personal E-Mail:_____

We kindly ask you to visit a nearby clothing store for size checking.

Dress Shirt Size:

Small:_____ Medium:_____ Large:_____ X-Large:_____ 2X-Large_____
3X-Large:_____ Other:_____

Polo Shirt Size:

Small:_____ Medium:_____ Large:_____ X-Large:_____ 2X-Large_____
3X-Large:_____ Other:_____

Travel Information

Airport I will be Traveling From:_____

City:_____ State:_____ Zip:_____

Please ensure every field is filled out. Write or type legibly.

CTE Center Name:(no acronyms/abbreviations)_____

CTE School Address:_____ City:_____

State:_____ Zip:_____ Phone Number:_____

We request you to complete the names and contact info for these people

Advisor Name:_____ **Address:**_____

City:_____ State:_____ Zip:_____ Phone:_____ Email:_____

CTE Administrator:_____ **Address:**_____

City:_____ State:_____ Zip:_____ Phone:_____ Email:_____

Home School Administrator:_____ **Address:**_____

City:_____ State:_____ Zip:_____ Phone:_____ Email:_____

Parent/Guardian:_____ **Address:**_____

City:_____ State:_____ Zip:_____ Phone:_____ Email:_____

State Officer Candidate Pre-Work

Please take a moment to expand on the following points:

1. Discuss in detail your motivations for wanting to become a NYS SkillsUSA State Officer and clearly outline the specific goals you aim to achieve in this role.

2. Reflecting on the SkillsUSA Framework, share a particular experience where you successfully implemented one of the seventeen essential elements in your activities or interactions.

New York State Officer Contract

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 NYS 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 NYS SkillsUSA, I will spend each night in the room of the hotel to which I am assigned.
3. When traveling for NYS SkillsUSA, I will abide by the curfew established and shall respect the rights of others.
4. I will not use alcoholic beverages or nonprescription drugs at any time.
5. When traveling for NYS SkillsUSA, I will not leave the hotel to which I am assigned without a SkillsUSA Advisor or with the State Officer Team.
6. My conduct will be exemplary at all times, during and outside of SkillsUSA functions. Any behaviors contrary to SkillsUSA's Code of Conduct will result in disciplinary action.
7. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
8. I will respect authority at all times.
9. When traveling for NYS SkillsUSA, I will keep the assigned SkillsUSA staff person in charge informed of my whereabouts at all times.
10. I will attend all activities for which I am assigned, registered and will be on time to all functions and assignments.
11. I will adhere to the dress code at all times.
12. I **will attend the following functions as assigned**: SkillsUSA National Conference and training (9 days), State Officer Training (4 days), WLTI (5 days), Fall Leadership (5 days), March Training, (2 days) and Skills Spring Conference (4 days) and others as assigned
13. I will send State officer reports to be received by the assigned date regardless of my other activities.
14. I will strive to maintain average grades in all my classes.
15. 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.
16. I will accept NYS SkillsUSA engagements 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 engagements.
17. I will submit my name on a membership roster and dues as a member for the year in which I am a State Officer.
18. If involved in any activity that is detrimental to SkillsUSA, and/or my school, I will immediately forfeit my office.
19. I will attend or take classes at the school where my SkillsUSA Chapter is based.
20. As an officer of NYS SkillsUSA, I will represent my organization with respect. That means that for my term of office, any content I post on social media, for example, on Facebook, 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 Code of Conduct. Inappropriate, unapproved or any material posted contrary to SkillsUSA's Code of Conduct, 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 e-mail address must reflect a professional image, or I will create a new e-mail address for SkillsUSA correspondence.

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 school administrator 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.

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:

SkillsUSA Advisor Signature:----- **Date:**-----

CTE Administrator:----- **Date:**-----

Home School Administrator:----- **Date:**-----

Parent/Guardina:----- **Date:**-----

Mail or E-Mail Application and all forms to:
Midge McCloskey, NYS SkillsUSA Director
21 Pine Knoll Dr.
Rochester, NY 14624
Cell phone: 585-733-6546
E-Mail:mmccloskey@nysskillsusa.org