



National Officer Candidate Requirement Checklist

Name: _____ State _____

- 1. Active membership status by March 1 (Copy of SkillsUSA Membership Roster)
- 2. Endorsement from State Association Director (letter)
- 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 (contract)
- 7. Submit NLSC-3c form (medical release and copy of insurance card, both sides)
- 8. Submit NLSC-3d form (travel requirements)
- 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: These letters must be from the advisor/administrator of the school you will be attending as a national officer and where your chapter is located during your term in office.

- 11. Submit verification of completion of PDP Levels 1 and 2 and/or CSEP
 - High School PDP only. College/Postsecondary PDP or CSEP
 - (PDP copy of certificate or workbook certification page)
 - (CSEP letter verification from a school administrator stating that 15 or more lessons have been completed)
- 12. Submit personal résumé (1-2 Pages)
- 13. Bio Sheet (a short paragraph(s) describing you, your accomplishments and future goals that could be used as an introduction at conferences)
- 14. Budget of Itemized Statement for Campaign Material

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

DEADLINE: FRIDAY, JUNE 1!

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

National Officer Candidate form and Minimum Qualifications List SkillsUSA, Inc.

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 _____ Nickname _____

Home Address _____

City _____ State _____ ZIP _____

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

E-Mail (home) _____ E-Mail (School) _____

School Name _____ Advisor _____

School Address _____

City _____ State _____ ZIP _____

School phone (____) _____ School fax (____) _____

NOTE: No state is eligible to provide the national president for two consecutive years.

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 and student is enrolled at the time of the application and must continue in the training program at least one more year.
- B. Has endorsement of the state association through nomination by a majority vote of the state house of delegates or executive council.
- C. Has at least one full year remaining in a secondary preparatory CTE trade, industrial, technology or health occupations program (High School Candidates); has one year of training remaining in a postsecondary CTE trade, industrial, technical or health occupations program (College/Postsecondary Candidate)
- D. Has an occupational objective in trade, industrial, technology or health occupations field, and this must be of record (High School Candidate) or 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 (College/Postsecondary Candidate)
- E. Must be available to represent the national organization through personal appearances, as required, which could be any of the following:
 - Mandatory: July National Officer Training (9 days); March Preconference Meeting (4 days); June NLSC (10 days) and other appearances as assigned.
 - Optional/Maybe called: Sept. WLTI (5 days); Oct.-Nov. State Fall Conference (2 days); Nov. Association for Career & Tech. Ed. Convention (3 days); Spring State Conferences (3 days); NLSC 3 Minimum Qualification List, Page two

- F. Has completed Levels 1 and 2 of the SkillsUSA Professional Development Program or completed 15 or more lessons of the Career Skills Education Program (CSEP).
- G. Has participated in at least one of the following activities at the local, state, regional or district level (check one box):
 - Nationally Recognized Leadership Contest
 - Officer Candidate
 - Voting Delegate
- H. Will abide by national policy which prohibits competition in the National SkillsUSA Championships while serving term as a national officer. NOTE: May compete as a National Officer Candidate.

Signature verification required by:

National Officer Candidate

SkillsUSA Advisor

- I. Will file candidacy for office (all forms) with the National Executive Director no later than June 1.
- J. Will respect the nomination, election and campaign policy restrictions.
- K. Will complete all other necessary national officer candidate forms.
- L. Will, if elected, attend orientation during the SkillsUSA Awards Ceremony on Wednesday night.
- M. Has demonstrated knowledge implied in the *SkillsUSA Leadership Handbook* and Levels 1 and 2 of PDP (High School) or CSEP (College/Postsecondary) whether or not an organized program is in operation in the applicant's school. A written exam will be administered at the NLSC. This exam will include knowledge implied in the Levels 1 and Level 2 of PDP and the *SkillsUSA Leadership Handbook* (High School) and CSEP (College/Postsecondary). This requirement will be increased in subsequent years.

National Officer Candidate / /
Date

SkillsUSA Advisor / /
Date

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

Local Administrator / /
Date

Important information!

College/Postsecondary candidates currently graduating from a high school program, but entering a college/postsecondary program in the fall, must include letters of support from both the high school administrator and the college/postsecondary school administrator. Please include the address of the college/postsecondary school you will attend on all paperwork.

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

National Officer Candidate Personal Data Form SkillsUSA, Inc.

National 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 ___/___/___

Single _____ Married _____ Spouse's Name _____

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 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)

(Please print clearly or your business cards will not be accurate!)

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). 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 sheet of paper to complete any of the above information.)

National Officer Contract SkillsUSA, Inc.

As a national officer of **SkillsUSA, Inc.** (Name) _____ have 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 **National 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, 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 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:
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 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.
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.
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.

23. During my years as a SkillsUSA national officer, I will represent my organization with respect. That means that for my term of office, I will give permission to SkillsUSA to be my Friend/Follow 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 e-mail 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 national 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 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

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

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

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 (4 days) in March
- D. National Leadership and Skills Conference (10 days) in June
- E. Others as assigned.

I understand that SkillsUSA National Officers (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
High School or under 18 years old only

_____/_____/_____
SkillsUSA Advisor Date

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

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National Officer Candidate's State Director Certification SkillsUSA Inc.

This form must accompany national officer candidate's forms submitted by the candidate in order 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. Active membership status by March 1 (Copy of SkillsUSA Membership Roster)
- 2. Endorsement from State Association Director (letter)
- 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 (contract)
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- 10. 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 national officer and where your chapter is located during your term in office.

- 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. Bio Sheet (a short paragraph(s) describing you, your accomplishments and future goals that could be used as an introduction at conferences)
- 14. Budget of Itemized Statement for Campaign Material

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

State Association

(Signed) State SkillsUSA Director

____/____/____
Date