

Thinking of becoming a State Officer?

Ask yourself the following questions:

- ✓ Can explain, to a complete stranger (in professional dialogue), the purpose of SkillsUSA? Are you able to convey to others the way your program benefits students, business and industry, and society?
- ✓ Will SkillsUSA be one of your top priorities in your school and around the state?
- ✓ Will you be able to attend the State Officer Retreat during the summer prior to your term of office?
- ✓ Will you be able to miss up to 10 class days during the school year for SkillsUSA business and still maintain your grade point average?
- ✓ Are you willing to travel across the state for leadership training and to promote SkillsUSA?

If you can honestly answer yes to the above questions, WV SkillsUSA is looking for you!

To apply, please submit the following pages to:

Paul Lovett
West Virginia SkillsUSA
Attention: OFFICER CANDIDATE
1900 Kanawha Blvd., E.
Building 6, Room 243
Charleston, WV 25305

Applications must have all requested signatures, all forms completed, and all required documentation provided before the application will be accepted. Applications must be received in the state office by **March 11, 2011**. Meeting this deadline is the first step of the interview process.

State Officer Candidate Checklist

Items should be paper clipped (no notebooks, folders or staples) together in the following order:

- Active membership status by February 11, 2011 (as verified through National SkillsUSA)
- At least one full year remaining in a CTE program
- At least one full year remaining before high school graduation
- Personal resume submitted
- Officer Candidate Commitment Form submitted
- Personal Data Form submitted
- Officer Contract/Code of Conduct submitted
- Performance Release submitted
- Personal Liability/Medical Release submitted
- Medical Information Form submitted
- Letter of recommendation from SkillsUSA chapter advisor submitted
- Letter of recommendation from one teacher submitted

OFFICER CANDIDATE COMMITMENT FORM

Full Name	_____	Nick Name	_____
Home Address	_____	Home City/Zip	_____
Home Phone	_____	Cell phone	_____
E-mail address	_____		
School Name	_____	Advisor	_____
Advisor e-mail	_____		
School Address	_____	School City/Zip	_____
School Phone	_____	School Fax	_____

To qualify you must either provide documentation or agree to the following. **Attach supporting documentation for minimum qualifications for the officer candidate as listed.**

1. I have an active member status paid by February 11, 2011.
2. I will be available to represent the State Organization through personal appearances, as required, which could be **any or all** of the following which may be at the school's expense:
 - a) State Officer Retreat – June (2 days) – mandatory – room/board paid by SkillsUSA West Virginia
 - b) Washington Leadership Training Institute—September 17 – 21, 2011 – Room/board and registration fees paid by WV SkillsUSA – travel expenses paid by school.
 - c) Fall Leadership Conference – September/October (3 days) - mandatory - room/board and registration fees paid by West Virginia SkillsUSA
 - d) State Officer Meetings – October/December/February (3 days) – mandatory – travel expenses paid by school
 - e) SkillsUSA Day - February (1 day) – mandatory – travel expenses paid by school
 - f) State SkillsUSA Championships - March/April (3 days) – room/board and registration paid by West Virginia SkillsUSA
 - g) National SkillsUSA-Championships – June (6 days) – room/board and registration fees paid by West Virginia SkillsUSA
3. I will abide by national and state policy while serving as a State Officer.
4. I will respect the nomination, election and campaign policy restrictions.
5. I will, as a candidate for office, attend the State Officer Screening, the First General Session, and the Second General Session at the State Conference.
6. I can demonstrate information and knowledge of SkillsUSA as found in the **SkillsUSA Leadership Handbook**.

As an officer candidate, _____, agrees to items 1 - 6, previously
(student name)
stated, and has the support of parents and school administration.

Officer Candidate

Local SkillsUSA Advisor

Parent/Guardian

Local Administrator

Date

PERSONAL DATA FORM

CANIDATE'S NAME (AS IT SHOULD APPEAR ON BALLOT)

Age: Date of Birth:

Shirt size: Pants size: Shoe size: Hat size:

School

Telephone: Cell phone:

E-mail address:

Career Training Objective:

Year in School: Date enrolled: Completion date:

Local SkillsUSA Advisor:

SkillsUSA Honors (offices held, awards received, etc.)

Other honors (school, district, community, state & national)

Favorite hobbies, interests and activities:

Name of local newspaper and radio-TV stations (provide both names and addresses)

1.

2.

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

Name:

Address:

City, State, Zip Code:

Daytime Phone:

Evening Phone:

Cell Phone:

E-mail:

State Officer Contract and Code of Conduct SkillsUSA – West Virginia

As a state officer of SkillsUSA, you have the responsibility to represent all members of the organization. Your conduct must be exemplary at all times while representing the organization, as well as, on your personal time. You will have an opportunity to meet students, advisors, administrators, business and industry leaders, and state government officials during your term of office. Your actions will set a standard for all SkillsUSA members to follow. When you sign this State 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 the SkillsUSA.

As a state officer of the SkillsUSA, West Virginia Association, I agree to adhere to the following code of conduct:

1. My conduct shall be exemplary at all times.
2. I will, at all times, respect all public and private property, including the hotel in which I am housed.
3. I will spend each night in the room of the hotel in which I am assigned.
4. I will keep my advisor or assigned state SkillsUSA staff persons informed of my where-a-bouts at all times.
5. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
6. I will not enter a sleeping room of the opposite gender without the supervision of an advisor.
7. I will not use any type of alcoholic beverages, tobacco products, or drugs. If you should have been ordered to take certain prescription drugs by a licensed physician you should report such orders to your advisor or State Director.
8. Attendance at school is mandatory anytime it is in session. Grades must be kept at an above average level. All work missed while on SkillsUSA business will be made up in a timely manner.
9. I will attend all sessions of any event I represent SkillsUSA, west Virginia Association.
10. I will adhere to the dress code set by the State Director during SkillsUSA events.

PENALTIES

Violations of items 1 –10 will result in a warning with consequences, suspension of duty, or dismissal. 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 authority, school administrator and parents or guardians.

I understand that, by signing this contract, if I am in violation of the above regulations and/or conduct myself in a manner unbecoming of a SkillsUSA, West Virginia Association State Officer, I may be brought before the State Director for an analysis of the violation. 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.

Name: _____
Typed or Printed (Candidate)

Signature of Candidate: _____ Date: _____

I have read and I understand the SkillsUSA, West Virginia Association State Officer Contract. I agree to support the guidelines and the above named student to the best of my ability:

Signature of Parent/Guardian: ***Date***

Signature of School Administrator: ***Date***

SkillsUSA Advisor: ***Date***



Performance Release

I hereby grant the SkillsUSA West Virginia Association permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the SkillsUSA West Virginia Association permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. Further, I so hereby relinquish to the SkillsUSA West Virginia Association all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the SkillsUSA West Virginia Association the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and stated conditions is voluntary, and I do hereby waive all personal claims, causes of action, or damages against the SkillsUSA national headquarters and the employees thereof, arising from a performance or appearance.

Signature of Parent/Guardian

School

Signature of Participant

School Address

Participant's Address

School, City/Zip

Participant's City/Zip Code

Date

SkillsUSA Personal Liability and Medical Release Form

Name: _____

Home Address: _____

City/Zip: _____

Phone Number: _____

I hereby agree to release the SkillsUSA West Virginia Association and the West Virginia Department of Education, its representatives, agents, servants, and employees from liability from any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while attending any SkillsUSA West Virginia event, including travel to and from the event, excepting only such injury or damage resulting from willful acts of such representative, agents, servants, and employees.

I do voluntarily authorize the SkillsUSA West Virginia Conference Medical Services Coordinator, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in their judgment.

I agree to identify and hold harmless the SkillsUSA West Virginia Association, and said Medical Services coordinator and/or assistants and/or designees for any and all claims, demands, actions, right action, and/or judgments by or on behalf of the above named person 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 the SkillsUSA West Virginia Association, I hereby agree to follow the procedures and practices described. I fully understand that this is an educational organization and will, to the best of my ability, apply myself to the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA West Virginia.

(Parent or Guardian)

(Date)

(Participant)

(Date)

Participants: Check here if you are age 18 or older and can sign for yourself. _____

Be sure you understand the State Officer Contract and Code of Conduct. Officers violating these rules may be subject to penalties or consequences listed on this document.

SkillsUSA West Virginia Medical Information Form



Name:	Birth date	Social Security Number
School	Home Phone Number	
School Address	Home Address	
City, State, Zip	Home City, State Zip	
Travel Arrangements: Arrival:	Return	
Parents Name/Guardian	Parents Phone Number	
Emergency Contact	Family Physician:	
Emergency Contact Address	Physician's Phone #	
City, State, Zip Code	Do you have any known allergies: If yes please list:	
Name of Person Responsible for Your Medical Bills (Guarantor)		
Guarantor's Social Security Number	Do you have history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever other existing medical conditions? If yes: please explain:	
Guarantor's Employer		
Employer's Telephone Number		
Employer's address	Are you taking medication? If yes please explain:	
City, State, Zip Code		
Insurance Company	Do you have any physical restrictions? If yes please explain	
Insurance Company's Address		
City, State, Zip		
Insurance Plan Number	When did you last have a tetanus shot?	
Insurance Group Number	If you do not have any medical insurance, sign here	
Insured ID Number		