



State Officer Candidate Application



State Officer Candidate Requirements Checklist

Name: _____ State: _____ Region: _____

- Paid membership prior to
 - December 1 if running at *L.E.A.D.* Conference.
 - March 1 if running at the State Leadership & Skills Conference.
- Endorsement from chapter advisor of the chapter where you will be serving during your term in office
- Verification letter from a school administrator indicating that the candidate has at least one full year remaining in a technical, skilled and service career program, including health careers programs
- State Officer Candidate Form and Minimum Qualifications List
- State Officer Candidate Personal Data and Media Release Form
- State Officer Contract
- Medical Release Form
- Travel Permission Form
- Local Chapter Advisor Certification Form
- Submit two additional letters of recommendation
 - a. School Administrator Support
 - b. Candidate's Chapter Advisor Support

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

All forms/letters must be submitted together and meet the deadlines as established.

DEADLINE: RECEIVED BY *L.E.A.D.* OR SLSC REGISTRATION DEADLINE

Applications received after the deadline or incomplete applications will result in disqualification as a candidate.

In an instance where a candidate “runs off the floor” and is “elected,” the candidate will have until the second Friday (10 business days) after their election to submit their completed packet. Failure to submit this packet will result in candidate ineligibility; the candidate will not be appointed to office.



**State Officer Candidate Form and Minimum Qualifications List
SkillsUSA Illinois, Inc.**

Chapter: _____ (check one) High School ___ College/Postsecondary ___

Please type or print clearly and neatly

Full Name _____ CTE Program _____

School Name _____ Advisor _____

School Address _____

City _____ State _____ ZIP _____

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

Minimum Qualifications

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

- A. Has paid active membership status (as defined by SkillsUSA Illinois' 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 chapter through nomination by a majority vote or executive council.
- C. Has at least one 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 candidates).
- 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 organization through personal appearances, as required, which could be any of the following:
 - a. Mandatory:
 - i. June – Leverage Officer Training & National Leadership and Skills Conference (8 days)
 - ii. July – ICCCTSO Officer Training Conference (3 days); State Officer Retreat (2 days)
 - iii. September – Officer Meeting & Planning (2 days)
 - iv. October – LEAD Planning Conference (2 days)
 - v. November/December – LEAD Conference (3 days); Officer Meeting (2 days)
 - vi. February - Officer Meeting & Board of Director’s Presentation (2 days)
 - vii. March – SLSC Planning Meeting (1 day)
 - viii. April – SLSC Conference (4 days)
 - ix. May – Officer Meeting (2 days)
 - b. Additional Opportunities:
 - i. September – Washington Leadership Training Conference (5 days)
 - ii. October – Mid-America Leadership Conference (5 days)
 - iii. February – Illinois Association for CTE Conference (3 days)
 - iv. Varies – Membership and B&I Recruitment (1-2 days each)

- F. Has participated in at least one of the following activities at the local or regional level (check one):
 - State Leadership Contest Chapter Officer Candidate State Voting Delegate

- H. Will abide by the policy which prohibits competition in the SkillsUSA Illinois Championships while serving as a state officer. **NOTE: Students may compete as a State Officer Candidate.**

- I. Will file for office candidacy no later than **Registration Deadline of the conference where running.**

- J. Will respect the nomination, election and campaign policy restrictions.

- K. Will complete all necessary state officer candidate forms by conference check-in registration.

- L. Will, if elected, attend orientation immediately following the conference closing ceremony/session.

- M. Has demonstrated knowledge related to the current edition of the *SkillsUSA Leadership Handbook*.

State Officer Candidate	__/__/__ Date	SkillsUSA Advisor	__/__/__ Date
Parent/Guardian <i>High School or under 18 years old only</i>	__/__/__ Date	Local Administrator	__/__/__ Date

Important information

High school students graduating and entering a college/postsecondary program in the fall must submit 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.



State Officer Candidate Personal Data Form
SkillsUSA Illinois, Inc.

Officer Candidate's Name as it should appear on the ballot: _____

Contact information:

Mailing address _____

City _____ State _____ ZIP _____

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

Email (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

Name as it appears on your Driver's License or State ID: _____

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

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



Correspondence: Names of individuals, complete addresses and email addresses for those 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 (_____) _____
Email _____

School Administrator

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Email _____

Family (Parent or Guardian)

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Cell (_____) _____
Email _____

Family (Parent or Guardian)

Name _____
Address _____
City, State, ZIP _____

Phone (_____) _____
Cell (_____) _____
Email _____

Please respond to the following prompts: (*Attach as a separate sheet*).

1. I want to become a state officer because:
2. As a state officer, I want to accomplish the following:
3. I like my career and technical area because:
4. The best thing about my instructor is:
5. After I complete my training program, I plan to get the following kind of job:
6. My long-term goal is:



**State Officer Candidate Media Release Form
SkillsUSA Illinois, Inc.**

Please complete the following for press release opportunities

Full Name _____		
Address _____		
City _____	State _____	ZIP _____
Home phone (____) _____	Email _____	
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: _____ email: _____

SkillsUSA Advisor's name: _____ email: _____

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.)



State Officer Contract SkillsUSA Illinois, Inc.

As a state officer of **SkillsUSA Illinois, Inc.** (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 and business and industry representatives during your term of office. Your actions will set a standard for all SkillsUSA/SkillsUSA Illinois 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 **SkillsUSA Illinois, Inc.**

As a state officer of **SkillsUSA Illinois, Inc.**, I agree to adhere to the following rules and regulations:

1. I will, at all times, respect all public - private property and the rights of others.
2. When traveling for SkillsUSA/SkillsUSA Illinois, I will spend each night in the room of the hotel/motel to which I am assigned.
3. When traveling for SkillsUSA/SkillsUSA Illinois, I will abide by the curfew established.
4. When traveling for SkillsUSA/SkillsUSA Illinois, I will keep the assigned SkillsUSA staff person in charge informed of my whereabouts at all times.
5. 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).
6. 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.
7. I will not use alcoholic beverages or nonprescription drugs at any time.
8. 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.
9. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
10. I will respect authority at all times.
11. I will adhere to the dress code at all times.
12. I will respect the official SkillsUSA attire by not smoking while wearing it.
13. I will attend all activities for which I am assigned, registered and will be on time to all functions and assignments.
14. I will attend the following functions as assigned:
Leverage Training (3 days); National Leadership & Skills Conference (6 days); ICCCTSO Conference (3 days); *L.E.A.D.* Conference (3 days); All State Officer Meetings (7-9 days); and others as assigned.
15. I will send state officer monthly reports to officer coordinator and my local advisor by the assigned date regardless of my other activities.
16. I will strive to maintain above average grades in all my classes, and I will forfeit my office if I receive an F on my report card.
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 pay dues as a member for the year in which I am a state officer by March 1st.



- 21. If involved in any activity that is detrimental to SkillsUSA/SkillsUSA Illinois, and/or my school, such as police arrest, I will immediately forfeit my office.
- 22. I will attend or take classes at the school where my SkillsUSA/SkillsUSA Illinois chapter is based.
- 23. During my term as a SkillsUSA Illinois state officer, I will represent my organization with respect. I will give permission to SkillsUSA/SkillsUSA Illinois to follow any content I post on social media. I understand these websites 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. I also understand my personal email address must reflect a professional image, or I will create a new email address for SkillsUSA/SkillsUSA Illinois 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 parties.

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 Illinois state 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 Illinois Officer Contract and agree to support its guidelines and the above-named student to the best of my ability:

_____	___/___/___	_____	___/___/___
Parent/Guardian <i>High School or under 18 years old only</i>	Date	SkillsUSA Advisor	Date
_____	___/___/___	_____	___/___/___
Local Administrator	Date	Home High School Administrator (if attending a career or technical center)	Date



State Officer Confidential Medical Information
SkillsUSA Illinois, 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 sign this form. All participants must sign this form.

I hereby agree to release SkillsUSA, Inc. & SkillsUSA Illinois, 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. & SkillsUSA Illinois, Inc.

The SkillsUSA/SkillsUSA Illinois 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. & SkillsUSA Illinois, 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. & SkillsUSA Illinois, Inc., I do hereby agree to follow the procedures and practices described. I fully understand my responsibilities as a state 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. & SkillsUSA Illinois, Inc.

(Signed)
State Officer Candidate Date Parent/Guardian Date
High School or under 18 years old only

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Confidential Medical Information

Name _____

Emergency Contact:

Name _____

Address _____

City, State, and ZIP _____

Phone (____) _____

Cell phone (____) _____

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 the state officer when he or she attends any SkillsUSA function or event.

Signature of Parent/Guardian or
Student of legal age Self support

____/____/____
Date



State Officer Candidate’s Advisor Certification SkillsUSA Illinois, Inc.

This form must accompany this state officer candidate’s forms submitted by the candidate for SkillsUSA Illinois to process and qualify the candidate.

(Local SkillsUSA Chapter Advisor) _____; hereby certify that all forms and information submitted by (state officer candidate) _____ are accurate and complete to the best of my knowledge and the following forms/verification have been submitted.

- 1. Paid active membership status by registration deadline (Copy of Membership Roster)
- 2. Endorsement from Advisor of chapter where you will be serving
- 3. At least one full year remaining in a CTE program (verify by letter from school)
- 4. State Officer Candidate Form and Minimum Qualifications List
- 5. State Officer Candidate Personal Data and Media Release Form
- 6. State Officer Contract
- 7. Medical Release Form
- 8. Travel Permission Form
- 9. Local Chapter Advisor Certification Form
- 10. Submit two additional letters of recommendation
 - a. School Administrator Support
 - b. Candidate’s 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 of office.

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

Chapter Name

(Signed) Chapter Advisor

___/___/___
Date