

National Officer Candidate Requirement Checklist

- q 1. Active membership status by March 1
- q 2. Endorsement of State Association Director (letter)
- q 3. At least one full year remaining in a CTE program (verify by letter from school)
- q 4. Submit NLSC-3 form (minimum qualification list)
- q 5. Submit NLSC-3a form (personal data)
- q 6. Submit NLSC-3b form (contract)
- q 7. Submit NLSC-3c form (medical release)
- q 8. Submit NLSC-3d form (travel requirements)
- q 9. Submit NLSC-3e form (state director's approval)
- q 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.
- q 11. Submit personal resume
- q 12. Submit verification of completion of PDP Levels I & II and/or CSEP
- q 13. 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 Board of Directors.

DEADLINE JUNE 1

FORMS RECEIVED AFTER THE DEADLINE OR MISSING FORMS AND/OR SIGNATURES WILL RESULT IN DISQUALIFICATION AS A CANDIDATE.

SKILLSUSA, INC.
NATIONAL OFFICER CANDIDATE FORM & MINIMUM QUALIFICATIONS LIST

State Association _____ (check one): High School _____ College/Postsecondary _____

- .. At Large Positions (President, Vice President, Secretary, Treasurer, Parliamentarian)
- .. Regional Vice President (High School only)

PLEASE PRINT CLEARLY AND NEATLY			
Full Name _____		Nickname _____	
Home Address _____		City _____	
State _____	ZIP _____	Home Tele. (_____) _____	Work (_____) _____
E-Mail (home) _____		E-Mail (School) _____	
School Name _____		Advisor _____	
School Address _____		City _____	
State _____	ZIP _____	School Tele. (_____) _____	

**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 plan to 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, technical 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, technical 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: WLTI (5 days); Oct./Nov. State Fall conference (2 days); Fall Goodwill Tour (5 days); December Association for Career & Tech. Ed. Convention (3 days); Spring State Conferences (2 days); Spring Goodwill Tour (5 days); March Preconference Meeting (3 days); NLSC (10 days).
- F) Has completed Levels I & II of the SkillsUSA Professional Development Program or portions 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**

THE FOLLOWING DOCUMENTATION, ALONG WITH APPROPRIATE SIGNATURES, MUST BE SUBMITTED, IN ITS ENTIRETY, WITH THIS FORM (NLSC3):

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1) Copy of SkillsUSA Membership Roster | 8) State Director's Signature Approval form (NLSC-3e) |
| 2) Letter of support from SkillsUSA State Director | 9) Letters of support from school administrator* and local advisor. |
| *College/PS | |
| 3) Letter from school verifying full year remaining in CTE Prog | letters must come from the school the student will be attending as a college/PS student and current school |
| 4) Personal Data form (NLSC-3a) | 9) Personal resume |
| 5) Contract (NLSC-3b) | 10) Verification of Completion of PDP Level I & II and/or CSEP |
| 6) Medical Release (NLSC-3c) | 11) Bio Sheet (see checklist for further information) |
| 7) Travel Requirements (NLSC-3d) | |

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NLSC 3, page two

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 Friday night.
- M) Has demonstrated knowledge implied in the SkillsUSA Leadership Handbook and Level 1 and Level 2 of PDP (High School) and 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 Level 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

SkillsUSA Advisor

Parent/Guardian

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.

Please complete ALL information as you want it printed on your business cards. PRINT neatly or type.

Name

School Name (Entire, proper name—no acronyms/abbreviations)

School Address

(School Area Code, Telephone Number and Fax)

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

NLSC3a
Rev. 1/10

NATIONAL OFFICER CANDIDATE PERSONAL DATA FORM
SkillsUSA, Inc.

CANDIDATE'S NAME AS IT SHOULD APPEAR ON BALLOT: _____
Age _____ Date of birth _____ Social Security Number (optional) _____
Single _____ Married _____ Spouse's Name _____ No. of Children _____

Preferred Mailing address:

Address _____ City _____ State _____
ZIP _____ Telephone: Home () _____ Cell () _____
Work () _____ email (PRINT NEATLY) _____

SkillsUSA Blazer Size : _____ Shirt/Blouse Size: _____
(allow room for growth; please list numerical sizes only)

Please complete the following for press release opportunities

School name and address: _____
Telephone: _____ Fax: _____
CTE training objective: _____ Type of program enrolled: _____
Year in school: _____ Date enrolled: _____ Completion date: _____
Instructor's name: _____ SkillsUSA Advisor's name _____
SkillsUSA honors (offices held, awards received, etc.)

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

Favorite hobbies, interests and activities: _____
(If needed, you may attach a sheet of paper to complete any of the above information.)

Name of local newspaper and radio-TV stations (**names and complete addresses**)

1. _____ 2. _____

3.

4.

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Personal Data Form, page two

Names of individuals, complete addresses & email who should receive copies of correspondence (please include your local advisor & school principal of the school you are attending): If complete addresses are not given, information will not be sent.

1 _____

email _____

2 _____

email _____

3 _____

email _____

4 _____

email _____

5 _____

email _____

6 _____

email _____

Travel Information:

Airport I will be using _____

City: _____ Number of miles from home to air terminal: _____

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 trade 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: _____

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

NATIONAL OFFICER CONTRACT
SkillsUSA, Inc.

NLSC 3b
Rev 1/10

As a national officer of the **SkillsUSA**, you 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, industry and labor 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 the **SkillsUSA**.

As a national officer of the **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: 1) National Officer Training (10 days); 2) Washington Leadership Training Institute (5 days); 3) National Leadership & Skills Conference (10 days); 4) others as assigned.
15. I will send national officer reports 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 an 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 be taking classes at the school where my SkillsUSA Chapter is hosted.
23. 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 that 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: _____

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National Officer Contract, page two

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.

Name

Typed or Printed (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

School SkillsUSA Advisor

School Administrator

NATIONAL OFFICER CONFIDENTIAL MEDICAL INFORMATION
SkillsUSA, Inc.

Name _____

Complete address _____

Telephone _____ Work Telephone _____

Circle 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 the **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 the **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 judgement.

I agree to indemnify and hold harmless the **SkillsUSA, Inc.**, and said assistants and designees for any and all claims, demands, actions, rights of action and/or judgements 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 the **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 the **SkillsUSA**.

Signature of National Officer : _____ Date _____

Parent or Guardian: _____ Date _____

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CONFIDENTIAL MEDICAL INFORMATION
(please print or type)

Father's name: _____	Mother's name: _____
Social Security Number _____	Social Security Number _____
Address (if different) (same) _____	Address (if different) (same) _____
_____	_____
Telephone (same) _____	Telephone (same) _____

Guarantor: _____ Social Security Number _____
Employer & Address _____
Telephone & Fax _____

Your name _____ Date of birth _____
 Emergency Contact Person: _____
 Complete Address & Telephone _____

<u>List all medications currently taking:</u> 1. 2. 3. 4. 5.	<u>List any known drug allergies:</u> 1. 2. 3. 4. 5.	<u>List any physical restrictions:</u> 1. 2. 3. 4. 5.	<u>List any dietary restrictions or requirements:</u> 1. 2. 3. 4. 5.
-----------------------------------------------------------------------------	---------------------------------------------------------------------	----------------------------------------------------------------------	-------------------------------------------------------------------------------------

Important: A copy of the medical insurance card must accompany this form--both sides.

Family insurance company and address: _____
 _____ Plan/Group/Policy Number _____

Complete this section only if student DOES NOT HAVE INSURANCE	
This confirms that _____ does not have insurance at this time. This will grant a representative from the SkillsUSA, Inc. , to obtain any medical treatment necessary in the event that I cannot be reached.	
_____ Signature of Parent/Guardian/Student of legal age Self Support	

SkillsUSA, Inc.
National Officer Travel Permission

National officers of SkillsUSA, Inc., may be required to attend the following functions: a) National Officer Training (10 days); b) Washington Leadership Training Institute (5 days); c) National Leadership & Skills Conference (10 days); and d) others as assigned.

I understand that SkillsUSA National Officers 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

School SkillsUSA Advisor

School Administrator

Home School Administrator – High School (if applicable)

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State Certification of National Officer Candidates

This form must accompany national officer candidates forms submitted by the candidate in order for SkillsUSA to process and qualify the candidate.

I 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 has been submitted.

1. Active membership status by March 1
2. Endorsement of State Association Director (letter)
3. At least one full year remaining in a CTE program (verify by letter from school)
4. NLSC-3 form (minimum qualification list)
5. NLSC-3a form (personal data)
6. NLSC-3b form (contract)
7. NLSC-3c form (medical release)
8. NLSC-3d form (travel requirements)
9. NLSC-3e form (state director's approval)
10. Two additional letters of recommendation
 - a. school administrator support
 - b. local chapter advisor support
11. Personal resume
12. Verification of completion of PDP Levels I & II and/or CSEP
13. Bio Sheet (a short paragraph(s) describing you, your accomplishments, and future goals that could be used as an introduction at conferences)

_____ (State SkillsUSA Director)
(signature)

_____ (State Association)

_____ (Date)