**SkillsUSA Washington**

**State Officer Application**

**2016-2017**



[Thinking of Becoming a State Officer? 3](#_Toc241641894)

[State Officer Candidate Requirements 3](#_Toc241641895)

[Minimum Qualifications List 4](#_Toc241641896)

[Personal Data Form 5](#_Toc241641897)

[State Officer Contract and Code of Conduct SkillsUSA Washington 6](#_Toc241641898)

[Internet Code of Conduct 8](#_Toc241641899)

[SkillsUSA Washington Personal Liability and Medical Release Form 9](#_Toc241641900)

**SkillsUSA Washington**

**“SkillsUSA: Champions at Work”**

**Thinking of becoming a State Officer?**

Ask yourself the following questions

* Can I explain, to a complete stranger (in professional dialogue), the purpose of SkillsUSA? Are you able to convey to others the way your program benefits our society?
* Will SkillsUSA be your top priority in your school and around the state?
* Will you be able to miss approximately 10 class days during the school year for SkillsUSA business and still maintain at least a grade point average of 2.5?
* Are you willing to travel across the state for leadership training and to promote SkillsUSA?
* Will you be able to attend the SkillsUSA events for Washington on the dates indicated in the SkillsUSA Washington Program of Work?

If you can answer **Yes** to the above questions, SkillsUSA Washington is looking for you! To apply please submit the following pages **to be received** by the state director by **March 31, 2016.**

***SkillsUSA Washington Email: Tlufkin@comcast.net***

***Attention: OFFICER CANDIDATE Fax: 360.586.9321***

***PO Box 2698***

***Olympia, WA 98507***

**These items should be paper clipped together in the following order. No notebooks, folders or staples.**

* Proof of active membership by March 1st of the current year.
* Minimum Qualifications List
* Personal Data Form
* State Officer Contract and Code of Conduct Form
* Internet Code of Conduct Form
* Personal Liability and Medical Release Form
* Letter of endorsement from your SkillsUSA Advisor
* Letter of support from a school administrator
* Personal Resume
* Current Transcript (does not have to be official)

Applications must be complete with required signatures and requested documentation.

**State Officer Candidate Process Overview**

* Turn in application
* Meet and interview with State Officer Trainers
* Prepare 3-5 minute speech to deliver at State Conference Delegate Session
* Voting takes place by secret ballot at State Delegate Session at State Conference

**Meet our State Staff!**

* Terri Lufkin, Executive Director – [tlufkin@comcast.net](mailto:tlufkin@comcast.net) – arranges training & helps organize!
* Karmen Ayres and Riley Johnson, Officer Trainers - will train you to run a conference and develop your leadership skills!
* Dennis Wallace – [dennis.wallace@k12.wa.us](mailto:dennis.wallace@k12.wa.us) – supports us in the state OSPI office

**Minimum Qualifications List**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School

Home City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[[1]](#footnote-1) School

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Have an active member status by March 1st.
2. Endorsement of SkillsUSA Advisor and School Administrator.
3. Minimum accumulative GPA of 2.5. Transcript provided for proof (unofficial transcript acceptable).
4. At least one school year remaining in a coherent series of courses or career major that prepares you for further education and/or employment related to technology, the health industry or trades and industry.
5. Will be prepared to earn SkillsUSA Knowledge Assessment (Statesman).
6. Will be available to represent the state organization through personal appearances, as required, which could be **any or all** of the following:
7. State Officer Training (4 days)
8. Fall Leadership Conference- CISPUS (2day)
9. Winter Legislative Event (1 day)
10. Regional events as needed
11. Winter State Conference Planning Meeting (3 days)
12. State SkillsUSA Conference (6 days)
13. Others as assigned
14. Will abide by national and state policy while serving as a State Officer.
15. Have filed candidacy for office (all forms) by deadline of **March 31, 2016.**

As an officer candidate, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agrees to items 1-8 previously stated and has the support of parents and school administration.

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Officer Candidate Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SkillsUSA Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Administrator Date

**PERSONAL DATA FORM**

Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Training Objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled in Program type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SkillsUSA Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SkillsUSA Honors (offices held, awards received, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Honors (school, district, community, state and national): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Favorite hobbies, interests and activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| Parent/Guardian Name: | |
| Address: | |
| City, State, Zip Code: | |
| Phone Number: | Email: |
| Occupation: | Daytime phone: |
| Evening Phone: | Cell Phone: |

**State Officer Contract and Code of Conduct SkillsUSA Washington**

As a state officer of SkillsUSA Washington, you have the responsibility to represent all members of the organization. Your conduct must be exemplary at all times while both representing the organization and on your personal time. You will have an opportunity to meet students, advisors, administrators, business, and industry & labor representatives during your term of office. Your actions will set a standard for 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 SkillsUSA Washington.

As a state officer of SkillsUSA Washington, I agree to adhere to the following rules and regulations:

1. I will, at all times, respect all public and private property.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. 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.
5. I will not use alcohol beverages or illegal drugs at any time.
6. I will not leave the hotel/motel to which I am assigned without the expressed permission of my advisor, officer trainers and/or state directors.
7. My conduct will be exemplary at all times, during and outside of SkillsUSA functions.
8. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
9. I will honor my state officer position by not using tobacco at official SkillsUSA activities.
10. I will respect authority at all times.
11. I will attend all activities for which I am assigned/registered and will be on time to all functions and assignments.
12. I will adhere to the assigned dress code at all times.
13. I will abide the Internet Code of Conduct.
14. I will attend the following functions as assigned:
15. State Officer Training (4 days)
16. Fall Leadership Conference - CISPUS (2 days)
17. Winter Legislative Meeting (1 day)
18. Spring Regional Leadership Conference (1 day)
19. State Conference Planning Meeting (3 days)
20. State SkillsUSA Conference (6 days)
21. Others as assigned
22. I will strive to maintain above average grades in all my classes and a minimum GPA of 2.5.
23. I will attend school each day it is in session, unless I am on official SkillsUSA business or other school related activity. I will make up all work missed.
24. I will accept State 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 Washington.
25. I will ensure my name is submitted and that dues have been paid to cover membership for the year in which I am an officer.

**PENALTIES**

Violations of items 1-18 will result in a warning with consequences, suspension of duty, or dismissal. Violations may be grounds for disqualification or suspension from an activity of 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 Washington State Officer I may be brought before the appropriate discipline committee 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 understand the SkillsUSA Washington Association State Officer Contract. I agree to support the guidelines and the above named student to the best of my ability:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SkillsUSA Advisor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of School Administrator:**

**Internet Code of Conduct**

As an officer for SkillsUSA, you are a public figure. As an officer you represent your school, your state association and the national SkillsUSA association. As you post content to personal and public web pages, i.e. Twitter, FaceBook, Instagram, YouTube or other sites, keep in mind that people you do not know (including potential employers or admissions officers) have the ability to review and archive your personal space. These personal sites are being used as a point of reference to your site. Be sure your personal materials, including comments, photographs, video or sound files, would not embarrass you if they were viewed by SkillsUSA staff, business partners, or instructors.

Email addresses: if your personal email address does not project a professional image, create a new email address for any SkillsUSA correspondence. Be sure to check email daily during your term of office as travel opportunities are often offered via email.

As an officer of SkillsUSA, I will represent SkillsUSA Washington with respect. This means for my term of office, any content I post on the web where SkillsUSA is mentioned on sites such as Twitter, Facebook, Instagram, YouTube or other sites will be reviewed by my advisor, parent or state directors. My email address used for SkillsUSA business must be reviewed by an authorized adult such as my advisor, parent or state directors. I also understand that these websites will be monitored and I may be requested to remove material.

If I fail to do so and post inappropriate or unapproved material, I will be on probation as an officer and subject to the consequences as a state officer for violating the State Officer Code of Conduct.

I have read and understand the information in this document. I agree to abide by this policy for the direction of any office I have been elected or appointed for SkillsUSA Washington.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SkillsUSA Washington Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Administrator Date

**SkillsUSA Washington Personal Liability and Medical Release Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to release SkillsUSA Washington Association Inc., its representatives, agents, servants and employees from liability for any injury to the named person resulting from any cause whatsoever occurring to the named person at any time while attending a SkillsUSA Washington event. Including travel to and from the event, excepting only such injury or damage resulting from willful acts of representatives, agents, servants and employees. I voluntarily assume all risk and danger relating to the event, whether occurring prior to, during or after the event. I do voluntarily authorize SkillsUSA Washington representatives or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routing or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation. I agree to indemnify and hold harmless SkillsUSA Washington Association, High School Secondary Division, Incorporated and/or assistants and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the 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 SkillsUSA Washington Association High School Secondary Division, Incorporated, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA Incorporated.

NOTE: All persons under legal age must have a parent or guardian sign this form. Participants should have an insurance card on their person at all times.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Date

1. [↑](#footnote-ref-1)