

SkillsUSA Washington
State Officer Application
2008 – 2009



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SkillsUSA Washington "Champions at Work"

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 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 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** in the state office by October 10th 2008.

SkillsUSA Washington
Attention: OFFICER CANDIDATE
PO Box 2698
Olympia, WA 98507

State Officer Candidate Requirements

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

- Proof of active membership by December 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
- Medical Information 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 have all requested signatures, all forms completed, and all required documentation before application will be accepted.

ALL FORMS SHOULD BE COMPLETED ON THE COMPUTER, TYPED OR PRINTED IN BLACK INK

Minimum Qualifications List

Full Name _____ Home Address _____ Home City/Zip _____ Home Phone _____ E-mail _____ Mobile Phone _____	School Name _____ School Address _____ School Phone _____ Advisor School _____ City/Zip _____ School Fax _____ Advisor _____ E-mail _____
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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 December 1st.
2. Endorsement of SkillsUSA Advisor and School Administrator.
3. Accumulative GPA of 2.5. Transcript provided for proof.
4. At least one school year remaining in a coherent series of courses or career major that prepares them for further education and/or employment related to technology, the health industry and trades and industry
5. Will be available to represent the state organization through personal appearances, as required, which could be **any or all** of the following.
 - a. State Officer Training (4 days)
 - b. Fall Regional Leadership Conference (1 day)
 - c. Winter Legislative Meeting (3 days)
 - d. Spring Regional Leadership Conference (1 day)
 - e. State Conference Planning Meeting (3 days)
 - f. State SkillsUSA Conference (6 days)
 - g. Others as assigned
6. Will abide by national and state policy while serving as a State Officer.
7. Have filed candidacy for office (all forms) by deadline of **October 10th 2008**.

As an officer candidate, _____, agrees to items 1 - 7 previously stated and has the support of parents and school administration.

Officer Candidate

Date

Parent/Guardian

Date

SkillsUSA Advisor

Date

Local Administrator

Date

PERSONAL DATA FORM

Candidates name

Age: _____ Date of Birth: _____

Shirt Size: _____

School: _____

Telephone: _____ Fax: _____

Career Training Objective: _____

Enrolled in Program type: _____

Year in School: _____ Date enrolled: _____ Completion date: _____

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 (need both names and addresses)

1. _____

2. _____

Parent/Guardian Name:

Address:

City, State, Zip Code:

Phone Number:

E-mail:

Occupation

Day time Phone

Evening Phone

Cell Phone Number

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 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 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 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 dress code at all times.
13. I will abide the Internet Code Of Conduct.
14. I will attend the following functions as assigned:
 - a. State Officer Training (4 days)
 - b. Fall Regional Leadership Conference (1 day)
 - c. Winter Legislative Meeting (3 days)
 - d. Spring Regional Leadership Conference (1 day)
 - e. State Conference Planning Meeting (3 days)
 - f. State SkillsUSA Conference (6 days)
 - g. Others as assigned
15. I will strive to maintain above average grades in all my classes and a minimum GPA of 2.5.
16. 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.
17. 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.
18. I will insure that my name is submitted and that dues have been paid to cover membership for the year in which I am an officer.

Continued.....

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 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 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 I 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:

Signature of Parent/Guardian:

Date

SkillsUSA Advisor

Date

Signature of School Administrator:

Date

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. facebook.com, myspace.com, YouTube.com 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.

E-mail 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 e-mail daily during your term of office as travel opportunities are often offered via e-mail.

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 myspace.com, facebook.com, utube.com 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 duration 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: _____

Parents name: _____

Parents Cell Phone Number: _____

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 the SkillsUSA Washington representative of 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 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 said medical services coordinator 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. A copy of this card should be attached to this form.

(Parent or Guardian)

(Date)

(Participant)

(Date)

SkillsUSA Washington Medical Information

Name:	Birth date	Social Security Number (Optional)
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 (Optional)	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	Signature Date	