



## Application for Officer Trainer

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

School / Business name \_\_\_\_\_

School / Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job title \_\_\_\_\_ CTE subject area (if applicable) \_\_\_\_\_

Related experience: Number of years in CTE \_\_\_\_\_

SkillsUSA Virginia membership: Number of years \_\_\_\_\_

Positions held in education

Describe your previous involvement with SkillsUSA Virginia

List professional memberships and any leadership positions you held within those organizations.

Why are you interested in serving as a SkillsUSA State Officer Trainer? What do you expect to gain from the experience?

How would the SkillsUSA Virginia State Officers benefit from your involvement?

Please email completed applications to Joyce Price at [director@skillsusava.org](mailto:director@skillsusava.org)