SkillsUSA Virginia State Officer Application

A Message from Your State Student Specialist

Being a state officer is one of the highest honors a student can achieve in SkillsUSA Virginia. I know myself it can be a very rewarding experience as a student. As a state officer, you represent the entire state association.

As a potential state officer candidate, you must be dedicated to SkillsUSA Virginia. Candidates should possess excellent leadership skills such as professionalism, teamwork, and responsibility.

Filling out this state officer application packet is the first step to becoming an officer and creates the first impression. It is imperative that the completed application be in my office before the due date. Any application that is received after the due date will not be accepted.

I wish you the all the best on your journey. Congratulations for taking on this challenge to be a SkillsUSA Virginia State Officer.

Sincerely,
Joyce Price
SkillsUSA Virginia State Director

Virginia Officer Candidate Requirement Checklist

☐ Active membership for the current year (Print from national website)
☐ Minimum Qualifications List
☐ Personal Data Form (2 pages)
☐ State Officer Contract and Code of Conduct and Violation
☐ Medical Release & Emergency Information (3 pages)
☐ Letter of endorsement from your SkillsUSA Advisor submitted
☐ Letter of support from a school administrator
☐ Letter of support from student’s teachers other than SkillsUSA Advisor
☐ Personal résumé
☐ Current transcript

Forms received after the deadline or missing forms and/or signatures will result in disqualification as a candidate. Officer Candidate packet due before April 1, 2024. All forms must be typed!
Virginia Officer Candidate Form and Minimum Qualifications List

(Note: All information must be typed.)

Full name of candidate ____________________________________________

This application is for: (Check one or both if you are also running for national office—this is your only opportunity to declare national officer candidacy!)

State Office ___________ National Office ___________

Division (Check Only One)

High School ___________

Note: All candidates will run for an “officer at large” position

Please place a check in the space provided to signify items the candidate has satisfied.

___ Has active membership in Local, District, State, and National SkillsUSA
___ Has at least one full year remaining in a career and technical program
___ Has participated in district SkillsUSA activities
___ Has agreed to represent SkillsUSA Virginia through personal appearances and travel during term of office
___ Has agreed to attend all meetings of the SkillsUSA Virginia Executive Council
___ Has maintained a “C” or better in ALL courses
___ Working on the Career Essentials Program
___ Understands that parents and/or school must assist in transportation to and from SkillsUSA Virginia activities

Verification and Endorsement:

__________________________________________  ____________________________
Officer Candidate (signed)                    Parents/Guardians (signed)

__________________________________________  ____________________________
School Administrator (signed)                 SkillsUSA Virginia Chapter Advisor (signed)
Personal Data Form

Candidate’s Name (as it should appear on ballot) ____________________________

Full name ____________________________ Nickname ____________________________
Home address ____________________________ City/ZIP ____________________________
Home phone ____________________________ E-mail ____________________________
School name ____________________________ Advisor ____________________________
Address ____________________________ City/ZIP ____________________________
School phone ____________________________ School fax ____________________________
Region ____________________________ District________

School _________________________________________________________________________
Telephone ____________________________ Fax ____________________________

Career training objective _________________________________________________________

Enrolled in program type _________________________________________________________

Year in school ____________ Date enrolled ____________ Completion date________
Instructor’s name ____________________________ Instructor’s e-mail ____________

Please provide the following measurements.

1. Blazer size #__________ Men Women
2. T-Shirt size X-Small Small Medium Large X-Large 2XL 3XL 4XL 5XL
3. Polo Shirt size X-Small Small Medium Large X-Large 2XL 3XL 4XL 5XL
4. Jacket/Windbreaker size X-Small Small Medium Large X-Large 2XL 3XL 4XL 5XL

Please list parent-guardian name(s) and contact information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, state, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Daytime phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evening phone</th>
<th>Cell phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personal Data Form, page 2  Name: ________________

Names of individuals and addresses who should receive copies of correspondence (Please include your local advisor.)

<table>
<thead>
<tr>
<th>Name</th>
<th>School/Company</th>
<th>Address</th>
<th>City, State, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of local newspaper, radio, and television stations (need both names and addresses)

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Please complete the following sentences.
(Please attached a separate sheer with the questions and your answers)

1. I want to become a state officer because
2. As a state officer, I want to accomplish
3. I like my career area because
4. The best thing about my instructor is
5. After I complete my educational training program, I plan to
6. My long range goal(s)
7. SkillsUSA honors (e.g., offices held, awards received)
8. Other honors (school, district, community, state, and national)
9. Favorite hobbies, interests, and activities
SkillsUSA Virginia State Officer Contract

As a state officer of SkillsUSA Virginia, 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, and 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 SkillsUSA 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.

As a state officer of SkillsUSA Virginia, 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 alcoholic beverages or controlled or illegal substances at any time.
6. I will not leave the hotel/motel to which I am assigned without the express permission of the assigned SkillsUSA chaperone.
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.
9. I will respect authority at all times.
10. I will keep SkillsUSA informed of my whereabouts at all times.
11. I will respect the official SkillsUSA dress code by not smoking while wearing the official dress.
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 all assigned functions.
15. I will send in monthly reports to the SkillsUSA Virginia State Student Specialist.
16. I will maintain above-average grades in all of my classes (as stated in Board Policy 84–1).
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 missed work.
18. I will serve my state in an ex-officio capacity.
19. I will submit my name on a membership roster and will pay dues as a member for the year in which I am an officer.
20. I will accept other SkillsUSA Virginia 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 Virginia within five (5) days of completion of an assignment.
Violations and Penalties

Violations of items 1–20 will 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 administrators, parents, or guardians.

I understand that, by signing this contract, if I am in violation of any of the regulations and/or conduct myself in a manner unbecoming of a SkillsUSA Virginia 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 (Print) ______________________ Signature of candidate ______________________ Date _______

I have read and understand the SkillsUSA Virginia State Officer Contract and agree to support its guidelines and the above named student to the best of my ability.

Parent/Guardian __________________ Advisor __________________ School adm ________________
# SkillsUSA Virginia Medical Information (Confidential)

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth date</th>
<th>Age</th>
<th>Family physician</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of person who is responsible for bill (guarantor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guarantor’s relationship to you</td>
<td></td>
<td></td>
<td>Plan number</td>
<td></td>
</tr>
<tr>
<td>Guarantor’s insurance company:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan number</td>
<td>Group number</td>
<td>Insured ID number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan number</td>
<td>Group number</td>
<td>Insured ID number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any known allergies?</td>
<td></td>
<td>If yes, what?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions?</td>
<td></td>
<td>If yes, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking any medications?</td>
<td></td>
<td>If yes, what kind?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any physical restrictions?</td>
<td></td>
<td>If yes, explain.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participant: Photocopy your insurance card (front and back) and attach it to this form. If you do not have medical insurance, please sign here: ______________________ Date ______________________
SkillsUSA Virginia Personal Liability and Medical Release Form

Name ____________________________________________

Home address ____________________________________________

City/ZIP ________________________________ Phone number __________

I hereby agree to release the SkillsUSA Virginia Inc. Association, its representatives, agents, servants, and employees from liability from any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while attending any SkillsUSA Virginia activity, including travel to and from events, excepting only such injury or damage resulting from willful acts of such representative, agents, servants, and employees.

I do voluntarily authorize the SkillsUSA Virginia State Student Specialist, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in their judgment.

I agree to identify and hold harmless the SkillsUSA Virginia Association, and said assistants and/or designees for any and all claims, demands, actions, right action, and/or judgments by or on behalf of the above 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 “State Officer Contract” of the SkillsUSA Virginia Inc. Association, I 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 to the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA Virginia.

(Parent or Guardian) __________________________ (Date) __________

(Participant) __________________________ (Date) __________

Participant _____ Check here if you are age 18 or older and can sign for yourself.

Be sure you understand the attached State Officer Contract. Officers violating these rules will be subject to the disciplinary action(s) as outlined in the State Officer Contract.

Note: All persons must return this completed form.
PARENT EMERGENCY MEDICAL CONSENT AND INFORMATION FORM

I, ____________________________, Parent/Guardian of, ____________________________
(Student Name)
__________________________, ______________________________ do authorize in advance any
(Age) (School) Necessary medical treatment required by the student named above while he/she is attending the
SkillsUSA Virginia State Leadership Conference and Skills Championships.

Student Date of Birth _____/_____/_______

Please list any significant health problems that might be significant to a physician treating your
child in case of an emergency:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is the student on any medication? ___Yes ___No

If yes please list medications.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please list any allergies to any medications, etc.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Has the student been prescribed an inhaler or EpiPen? Yes ___ No ___

Is the student allergic to insect stings or bites?
____________________________________________________________________________

Other allergies or necessary medical information?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Does the student wear contact lenses? Yes ___ No ___

Please list date of last tetanus shot _____/_____/_______

Name___________________________________________ District___________
SkillsUSA Virginia Statesman Award (study guide)

Updated 1/7/2022

Purpose
The primary purpose of the SkillsUSA Virginia Statesman Award is to provide an opportunity for the participants to expand their knowledge of SkillsUSA. A second purpose of the award is to help the officer become a more skilled participant in the organization.

Procedure
Current and former SkillsUSA Virginia state officers and certain advisors will be available to certify that the participant has satisfied a particular requirement toward earning the Virginia State Leadership Training Conference Statesman Award. All requirements must be satisfied before the awards session. No person can sign off on more than five requirements.

Requirements
I. Organizational Knowledge

- Know the SkillsUSA motto.
- Be able to recite the SkillsUSA theme and tell what it means to you.
- Know the SkillsUSA Framework components and elements
- Know the SkillsUSA colors and explain their meaning.
- Be able to state the six points of the creed.
- Be able to describe the official dress.
- Be able to name the Corporate Officer of SkillsUSA Virginia.
- Be able to name the Student Specialist/State Director of SkillsUSA Virginia.
- Be able to name the National Executive Director of SkillsUSA.
- Demonstrate knowledge of the SkillsUSA pledge.
- Name the Governor, Lieutenant Governor, and Attorney General of Virginia.

II. Professional Development Knowledge*

Complete the following competencies of the Professional Development Program:
- Complete a self-assessment and identify individual learning styles.
- Discover self-motivation techniques, and establish short-term goals.
- Demonstrate effective communications with others.
- Demonstrate social etiquette.
- Complete a job application.
- Establish your career goals.
- Develop a résumé, and write a cover letter.
- Identify and apply conflict-resolution skills.
- Illustrate an organizational structure.
- Serve on a committee or SkillsUSA Program of Work team.
- Demonstrate knowledge of parliamentary procedure.
- Demonstrate knowledge of SkillsUSA constitution and structure.
- Demonstrate knowledge of the SkillsUSA “Our Time Is Now”

*These must be completed and turned in with this form to obtain your Statesman Award. Be in all your sessions and you will receive help with these competencies.