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**STATE OFFICER CANDIDATE**

**APPLICATION**

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| **Please Fill out and return to the state office.** |
| **First Name**  | **Last Name:**  |
| **Trade/ CTE Program:** | **School:**  |
| **Address:**  |
| **City:**  | **Zip:**  | **Home Phone:**  |
| **Mobile Phone:**  | **Email:**  |
| **Advisor:**  | **Advisor Email:** |
| **Superintendent:** |  **Instructor:** |
| **Complete School Address:** |
| **Have you attended a SkillsUSA conference? If Yes, which?** |
| **Emergency Contact Information** |
| **Name**  | **Relationship** |
| **Home Telephone** | **Work Phone** |
| **Name of Physician** | **Telephone** |
| **Medical Insurance Company** |
| **Policy Number** | **Membership Number** |

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| **Officer Candidate - Local Confirmation** |
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| **Officer Candidate**I understand the responsibilities of SkillsUSA state office and, if elected, I will attend all meetings and activities necessary for the successful fulfillment of my duties, including community service events and other weekend activities |
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| Signature of Applicant |
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| **Parent/Guardian**I approve of my son/daughter/ward applying for a state SkillsUSA office and agree that he/she will be able to spend the time necessary to carry out the duties of the office. I also agree that my son/daughter/ward will have the necessary transportation to and from events and activities |
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| Signature of Parent/Guardian |
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| **Chapter Advisor**I have reviewed this application with the candidate and I recommend him/her for state office. I am satisfied that the applicant understands the duties and responsibilities of state office. I also agree that the candidate will have the necessary transportation to and from events and activities |
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| Signature of Chapter Advisor |
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| **Superintendent Director**Having reviewed this application with the candidate, I am familiar with the duties and responsibilities associated with state SkillsUSA office. I approve of this applicant running for state office and, if elected, agree that based on passing grades, he/she will be able to spend the time necessary and have the transportation and supervision required to carry on the duties of the office. |
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| Signature of Superintendent Director |
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| Please submit application and signature page along with the following FOUR letters of recommendations. * Superintendent Director
* Section SkillsUSA Advisor or Employer
* Chapter SkillsUSA Advisor
* Chapter President
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| Please send all information to:State Officer Candidate ApplicationSkillsUSA Massachusetts250 Foundry Street South Easton, MA 02375 |