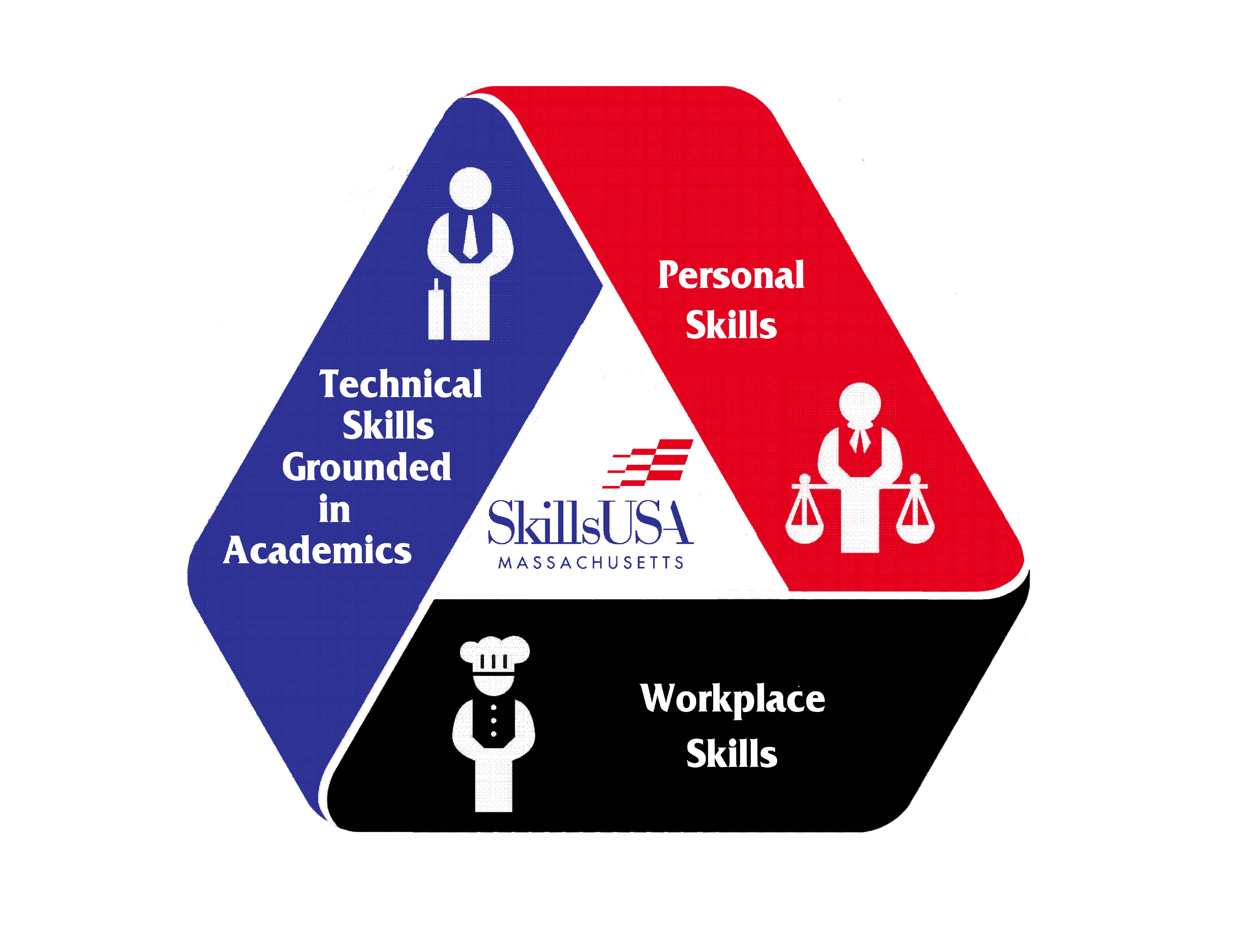
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**STATE OFFICER CANDIDATE**

**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 |
|  |
| Signature of Applicant |
|  |
| **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 |
|  |
| Signature of Parent/Guardian |
|  |
| **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 |
|  |
| Signature of Chapter Advisor |
|  |
| **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. |
|  |
| Signature of Superintendent Director |
|  |
| 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 |
|  |
| Please send all information to:  State Officer Candidate Application  SkillsUSA Massachusetts  250 Foundry Street  South Easton, MA 02375 |