State Officer Candidate Application
State Officer Candidate Requirements Checklist

Name: ______________________________ State: ______________ Region: _____________

☐ Paid membership prior to
  ☐ December 1 if running at L.E.A.D. Conference.
  ☐ March 1 if running at the State Leadership & Skills Conference.

☐ Endorsement from chapter advisor of the chapter where you will be serving during your
term in office

☐ Verification letter from a school administrator indicating that the candidate has at least
one full year remaining in a technical, skilled and service career program, including health
careers programs

☐ State Officer Candidate Form and Minimum Qualifications List

☐ State Officer Candidate Personal Data and Media Release Form

☐ State Officer Contract

☐ Medical Release Form

☐ Travel Permission Form

☐ Local Chapter Advisor Certification Form

☐ Submit two additional letters of recommendation
  a. School Administrator Support
  b. Candidate’s Chapter Advisor Support

**NOTE:** These letters must be from the advisor/administrator of the school you will be
attending and where your chapter is located during your term in office.

All forms/letters must be submitted together and meet the deadlines as established.
**DEADLINE: RECEIVED BY L.E.A.D. OR SLSC REGISTRATION DEADLINE**

Applications received after the deadline or incomplete applications
will result in disqualification as a candidate.

In an instance where a candidate “runs off the floor” and is “elected,” the candidate will
have until the second Friday (10 business days) after their election to submit their
completed packet. Failure to submit this packet will result in candidate ineligibility; the
candidate will not be appointed to office.
State Officer Candidate Form and Minimum Qualifications List
SkillsUSA Illinois, Inc.

Chapter: ____________________________ (check one) High School ___ College/Postsecondary ___

Please type or print clearly and neatly

Full Name____________________________ CTE Program_____________________________

School Name________________________ Advisor _______________________________

School Address ________________________

City____________________________ State_________ ZIP _______

School phone (_____) __________________ School fax (_____) ___________________

Minimum Qualifications

The state officer candidate (attach supporting data):

A. Has paid active membership status (as defined by SkillsUSA Illinois’ Board of Directors) at the school where the chapter is established and student is enrolled at the time of the application and must continue in the training program at least one more year.

B. Has endorsement of the chapter through nomination by a majority vote or executive council.

C. Has at least one year remaining in a secondary preparatory CTE trade, industrial, technology or health occupations program (high school candidates); has one year of training remaining in a postsecondary CTE trade, industrial, technical or health occupations program (college/postsecondary candidates).

D. Has an occupational objective in trade, industrial, technology or health occupations field, and this must be of record (high school candidate) or occupational objective must apply to the postsecondary training the applicant is receiving or will receive in the school in which he or she has been accepted (college/postsecondary candidate).
E. Must be available to represent the organization through personal appearances, as required, which could be any of the following:
   a. Mandatory:
      i. June – Leverage Officer Training & National Leadership and Skills Conference (8 days)
      ii. July – ICCCTSO Officer Training Conference (3 days); State Officer Retreat (2 days)
      iii. September – Officer Meeting & Planning (2 days)
      iv. October – LEAD Planning Conference (2 days)
      v. November/December – LEAD Conference (3 days); Officer Meeting (2 days)
      vi. February - Officer Meeting & Board of Director’s Presentation (2 days)
      vii. March – SLSC Planning Meeting (1 day)
      viii. April – SLSC Conference (4 days)
      ix. May – Officer Meeting (2 days)
   b. Additional Opportunities:
      i. September – Washington Leadership Training Conference (5 days)
      ii. October – Mid-America Leadership Conference (5 days)
      iii. February – Illinois Association for CTE Conference (3 days)
      iv. Varies – Membership and B&I Recruitment (1-2 days each)

F. Has participated in at least one of the following activities at the local or regional level (check one):
  ☐ State Leadership Contest   ☐ Chapter Officer Candidate   ☐ State Voting Delegate

H. Will abide by the policy which prohibits competition in the SkillsUSA Illinois Championships while serving as a state officer. NOTE: Students may compete as a State Officer Candidate.

I. Will file for office candidacy no later than Registration Deadline of the conference where running.

J. Will respect the nomination, election and campaign policy restrictions.

K. Will complete all necessary state officer candidate forms by conference check-in registration.

L. Will, if elected, attend orientation immediately following the conference closing ceremony/session.

M. Has demonstrated knowledge related to the current edition of the SkillsUSA Leadership Handbook.

______________________/__/__  ____________________/__/__  ____________________/__/__
State Officer Candidate     Date     SkillsUSA Advisor    Date

______________________/__/__  ____________________/__/__
Parent/Guardian             Date     Local Administrator  Date
High School or under 18 years old only

Important information
High school students graduating and entering a college/postsecondary program in the fall must submit letters of support from both the high school administrator and the college/postsecondary school administrator. Please include the address of the college/postsecondary school you will attend on all paperwork.
State Officer Candidate Personal Data Form
SkillsUSA Illinois, Inc.

Officer Candidate’s Name as it should appear on the ballot: ____________________________

**Contact information:**
Mailing address ________________________________________________________________
City _____________________________ State ___________ ZIP ______
Home phone (____) __________ Cell (____) __________ Work (____) ___________
Email (home) ___________________________ Age ______ Date of birth ___/___/____
Single _____ Married _______ Spouse’s Name ________________________________

**Clothing**
Please visit a local clothing store to be properly fitted. Please allow room for growth.

SkillsUSA Blazer Size Men/Women #_______ Regular /Long
Dress Shirt Size: Small Medium Large X Large 2XL 3XL Other ______
Polo Shirt Size: Small Medium Large X Large 2XL 3XL Other ______
Sweater Size: Small Medium Large X Large 2XL 3XL Other ______

**Travel Information**
Name as it appears on your Driver’s License or State ID: ____________________________
Airport I will be using: _________________________________________________________
City and State: __________________________________________________________________
Number of miles from home to airport terminal: ___________________________

Please complete *ALL* information as you want it printed on your business cards. Type or PRINT neatly.

________________________
Name
________________________
School Name (Entire proper name—no acronyms/abbreviations)
________________________
School Address, City, State and ZIP

(Please print clearly or your business cards will not be accurate)
Correspondence: Names of individuals, complete addresses and email addresses for those who should receive copies of correspondence (please include your local advisor and school principal of the school you are attending). Your state director will automatically be included. Complete addresses are needed.

Advisor
Name ______________________________
Address ______________________________
City, State, ZIP ________________________

Phone (______) ______________________
Cell (______) _______________________
Email ______________________________

School Administrator
Name ______________________________
Address ______________________________
City, State, ZIP ________________________

Phone (______) ______________________
Cell (______) _______________________
Email ______________________________

Family (Parent or Guardian)
Name ______________________________
Address ______________________________
City, State, ZIP ________________________

Phone (______) ______________________
Cell (______) _______________________
Email ______________________________

Family (Parent or Guardian)
Name ______________________________
Address ______________________________
City, State, ZIP ________________________

Phone (______) ______________________
Cell (______) _______________________
Email ______________________________

Please respond to the following prompts: (Attach as a separate sheet).
1. I want to become a state officer because:

2. As a state officer, I want to accomplish the following:

3. I like my career and technical area because:

4. The best thing about my instructor is:

5. After I complete my training program, I plan to get the following kind of job:

6. My long-term goal is:
State Officer Candidate Media Release Form
SkillsUSA Illinois, Inc.

Please complete the following for press release opportunities

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<th>Full Name</th>
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City ___________________ State_________ ZIP_______

Home phone (_____) __________ Email _____________________________

School Name ___________________ Advisor _____________________

School Address __________________

City ___________________ State_________ ZIP_______

School phone (_____) __________ Fax (_____) __________

Schools web address __________________________

Name of local newspaper, radio and television stations

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

CTE training objective: __________________ Type of program enrolled: __________________

Year in school: ___________________ Completion date: __________________

CTE Instructor’s name: _______________ email: _____________________________

SkillsUSA Advisor’s name: _______________ email: _____________________________

SkillsUSA honors (offices held, awards received, etc.)

________________________________________________________________________

Other honors (school, community, state and national)

________________________________________________________________________

(If needed, you may attach a sheet of paper to complete any of the above information.)
State Officer Contract
SkillsUSA Illinois, Inc.

As a state officer of SkillsUSA Illinois, Inc. (Name)________________________ has 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 and industry representatives during your term of office. Your actions will set a standard for all SkillsUSA/SkillsUSA Illinois 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 Illinois, Inc.

As a state officer of SkillsUSA Illinois, Inc., I agree to adhere to the following rules and regulations:

1. I will, at all times, respect all public - private property and the rights of others.
2. When traveling for SkillsUSA/SkillsUSA Illinois, I will spend each night in the room of the hotel/motel to which I am assigned.
3. When traveling for SkillsUSA/SkillsUSA Illinois, I will abide by the curfew established.
4. When traveling for SkillsUSA/SkillsUSA Illinois, I will keep the assigned SkillsUSA staff person in charge informed of my whereabouts at all times.
5. When traveling for SkillsUSA, I will not leave the hotel/motel to which I am assigned without the express permission of the assigned SkillsUSA staff person(s).
6. I will not be in the sleeping room with a member of the opposite sex unless the door is completely open at all times, unless the person is my spouse.
7. I will not use alcoholic beverages or nonprescription drugs at any time.
8. My conduct will be exemplary at all times, during and outside of SkillsUSA functions. Any behaviors contrary to SkillsUSA’s culture of inclusion and diversity will result in disciplinary action.
9. I will forfeit my office if I leave school before completing my training program, am suspended, or expelled.
10. I will respect authority at all times.
11. I will adhere to the dress code at all times.
12. I will respect the official SkillsUSA attire by not smoking while wearing it.
13. I will attend all activities for which I am assigned, registered and will be on time to all functions and assignments.
14. I will attend the following functions as assigned:
   Leverage Training (3 days); National Leadership & Skills Conference (6 days); ICCCTSO Conference (3 days); L.E.A.D. Conference (3 days); All State Officer Meetings (7-9 days); and others as assigned.
15. I will send state officer monthly reports to officer coordinator and my local advisor by the assigned date regardless of my other activities.
16. I will strive to maintain above average grades in all my classes, and I will forfeit my office if I receive an F on my report card.
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 work missed.
18. I will serve my state in an ex-officio capacity.
19. I will accept 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 within five days of completion of an assignment.
20. I will submit my name on a membership roster and pay dues as a member for the year in which I am a state officer by March 1st.
21. If involved in any activity that is detrimental to SkillsUSA/SkillsUSA Illinois, and/or my school, such as police arrest, I will immediately forfeit my office.

22. I will attend or take classes at the school where my SkillsUSA/SkillsUSA Illinois chapter is based.

23. During my term as a SkillsUSA Illinois state officer, I will represent my organization with respect. I will give permission to SkillsUSA/SkillsUSA Illinois to follow any content I post on social media. I understand these websites will be monitored, and I will be requested to remove offensive material or any material not reflecting SkillsUSA’s culture of inclusion and diversity. If I fail to do so and post inappropriate, unapproved or any material contrary to SkillsUSA’s culture of inclusion and diversity, I will be put on probation as an officer and subject to the consequences. I also understand my personal email address must reflect a professional image, or I will create a new email address for SkillsUSA/SkillsUSA Illinois correspondence.

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**Violations and Penalties**

Violations of any items in this contract may 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 parties.

I understand that, by signing this contract and if elected, if I am in violation of any of the above regulations and/or conduct myself in a manner unbecoming of a SkillsUSA Illinois state officer, I may be removed from office or suspended from travel appearances. 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.

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Typed or Print Name of Candidate ________________________________

Signature of Candidate ____________________________ Date __/__/__

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I have read and understand the SkillsUSA Illinois Officer Contract and agree to support its guidelines and the above-named student to the best of my ability:

Parent/Guardian ____________________________ Date __/__/__

SkillsUSA Advisor ____________________________ Date __/__/__

High School or under 18 years old only

Local Administrator ____________________________ Date __/__/__

Home High School Administrator ____________________________ Date __/__/__

(if attending a career or technical center)
State Officer Confidential Medical Information  
SkillsUSA Illinois, Inc.

Name ___________________________________________ ________________________________
Address ________________________________________ __________________________________
City, State, ZIP _________________________________________________________________
Home Telephone __________________________ Work Telephone __________________________
Cell Phone ______________________________ Date of birth ___/____/____

(Check one)  High School___  College/Postsecondary ____

NOTE: All persons under legal age must have a parent and/or guardian agree to sign this form. All participants must sign this form.

I hereby agree to release SkillsUSA, Inc. & SkillsUSA Illinois, Inc., its representatives agents, and employees from liability for any injury to me resulting from any cause whatsoever occurring at any time while carrying out officially assigned travel or business for SkillsUSA, Inc. & SkillsUSA Illinois, Inc.

The SkillsUSA/SkillsUSA Illinois staff, assistants and/or designees are authorized to administer and/or obtain, routine or emergency diagnostic procedures and/or routine or emergency medical treatment for me as deemed necessary in medical judgment.

I agree to indemnify and hold harmless SkillsUSA, Inc. & SkillsUSA Illinois, Inc., and said assistants and designees for any and all claims, demands, and actions, rights of action and/or judgments by or on my behalf 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, Inc. & SkillsUSA Illinois, Inc., I do hereby agree to follow the procedures and practices described. I fully understand my responsibilities as a state officer and will, to the best of my ability, apply myself for the purpose of my assignment and uphold at all times the finest qualities of a person representing SkillsUSA, Inc. & SkillsUSA Illinois, Inc.

(Signed)  ___________________________  ___/___/__  ___________________________  ___/___/__
State Officer Candidate Date  Parent/Guardian Date
High School or under 18 years old only

Applications received after the deadline or incomplete applications will result in disqualification as a candidate.
Confidential Medical Information

Name ____________________________________________

Emergency Contact:
Name ____________________________________________
Address ____________________________________________
City, State, and ZIP ________________________________
Phone (____) ____________________
Cell phone (____) ____________________

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Important: A copy of the medical insurance card must accompany the state officer when he or she attends any SkillsUSA function or event.

__________________________  ___/___/______
Signature of Parent/Guardian or Date
Student of legal age Self support
State Officer Candidate’s Advisor Certification  
SkillsUSA Illinois, Inc.

This form must accompany this state officer candidate's forms submitted by the candidate for SkillsUSA Illinois to process and qualify the candidate.

(Local SkillsUSA Chapter Advisor) ______________________; hereby certify that all forms and information submitted by (state officer candidate) ______________________ are accurate and complete to the best of my knowledge and the following forms/verification have been submitted.

☐ 1. Paid active membership status by registration deadline (Copy of Membership Roster)  
☐ 2. Endorsement from Advisor of chapter where you will be serving  
☐ 3. At least one full year remaining in a CTE program (verify by letter from school)  
☐ 4. State Officer Candidate Form and Minimum Qualifications List  
☐ 5. State Officer Candidate Personal Data and Media Release Form  
☐ 6. State Officer Contract  
☐ 7. Medical Release Form  
☐ 8. Travel Permission Form  
☐ 9. Local Chapter Advisor Certification Form  
☐ 10. Submit two additional letters of recommendation  
    a. School Administrator Support  
    b. Candidate’s Chapter Advisor Support

NOTE: These letters must be from the advisor/administrator of the school you will be attending as a state officer and where your chapter is located during your term of office.

All forms/letters should be submitted together and must meet the deadlines as established by the SkillsUSA Board of Directors.

______________________________  ______________________  __/__/__
Chapter Name  (Signed) Chapter Advisor  Date