

# 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

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## 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	_____	Advisor's e-mail	_____
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.**

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

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

Name	
Address	
City, state, ZIP	
Phone number	E-mail
Occupation	Daytime phone
Evening phone	Cell phone number

**Personal Data Form, page 2**      **Name:** \_\_\_\_\_

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

Name	School/Company	Address	City, State, ZIP

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)*

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

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:

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Is the student on any medication? \_\_\_ Yes \_\_\_ No

If yes please list medications.

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Please list any allergies to any medications, etc.

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

Is the student allergic to insect stings or bites?

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Other allergies or necessary medical information?

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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.*