



**State Officer
Nomination Packet
2023-2024 School Year**

State Officer Nomination Packet

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Deadline:

Packet must be submitted by candidate's local SkillsUSA advisor no later than 12PM **February 28, 2023**.

Email Completed Officer applications to Jeff Parks

Jeffery.parks@ade.arkansas.gov

Special Instructions:

1. All attachments must be included in one email with the subject:

State Officer Nomination Packet

2. Electronic signatures are acceptable
3. Copies of all signature pages should be kept with student's advisor.
4. A Digital Photo of the candidate in Official SkillsUSA Dress must be submitted as an attachment.

Thinking about becoming a State Officer?

The Secondary Division of Arkansas SkillsUSA elects its state officers during the spring conference of each year for the coming school year. The Seven (7) officer positions are:

- President
- Vice-President
- Secretary
- Parliamentarian
- Reporter
- Treasurer
- Historian

All candidates are elected as an officer at large. Offices will be assigned at the 2023 NLCS in Atlanta,GA.

Ask yourself the following questions:

- *Can you explain, in a professional dialogue, the purpose and importance of SkillsUSA and Career and Technical Education? Are you able to convey to others the way they benefit society?*
- *Are you ready to make SkillsUSA one of your top priorities while in school?*
- *Are you willing to travel for leadership training and to promote SkillsUSA?*
- *Will you be able to attend the required SkillsUSA events listed on the attached tentative State Officers Events schedule?*

If you answered yes to the above questions, SkillsUSA Arkansas is looking for you! To apply, complete the requirements of this packet and have your local advisor submit your completed packet to the state office. The packet must be emailed no later than **February 28, 2023**. Incomplete packets will not be considered.

Being a State Officer is a serious commitment and requires dedication. Sometimes making a commitment to one thing requires sacrificing something else. Because we need our State Officers to be performing officer duties during State Competition, State Officers candidates will only be allowed to compete in the following leadership contests at State Competition:

- Extemporaneous Speaking
- Chapter Display
- Medical Math
- Medical Terminology
- Outstanding Chapter
- Pin Design
- Prepared Speech
- Promotional Bulletin Board
- Related Technical Math

These competitions can be completed early and quickly, leaving the rest of competition day free to perform State Officer duties.

State Officer Candidate Requirements Checklist

- Currently enrolled in and have at least one year remaining in a Career and Technical related program
- Must take and pass the Statesman Test with a 90% [Arkansas SkillsUSA Knowledge Test](#)
- Maintain a minimum GPA of 2.0 in all courses
- Be able to recite the SkillsUSA Pledge and at least one of the following four parts of the Opening and Closing Ceremony
 - Vice-President
 - Secretary
 - Reporter
 - Treasurer

Submit the following Items:

- State officer nomination form with attached picture
- State officer commitment, signed by all parties
- Counselor verification form
- Current transcript
- Candidate personal data form
- Personal resume
- Letter of recommendation from each of the following:
 - School administrator
 - Candidate's SkillsUSA advisor
 - Non-School character reference
 - *Include information regarding the student's motives, maturity, integrity and other qualities a state officer should possess.*

Complete & submit

- Typed essay (minimum 200 words) "What Being a SkillsUSA State Officer Would Mean to Me." The essay must be typed using a Times New Roman 12 font, MLA Style, with 1" margins.

State Officer Nomination Form

PLEASE CHECK (✓) ONE

High School Officer Candidate

College Officer Candidate

CANDIDATE NAME _____ GRADE _____

INSTRUCTOR _____

PROGRAM OF STUDY _____

SCHOOL _____

The above named candidate is an officially registered SkillsUSA Member and is listed on their school chapter roster on the National SkillsUSA Website. To the best of my knowledge, all information submitted on, with/or attached to this nomination form is factual and exists as presented. I personally verify the qualifications and endorse the candidate for this office.

CHAPTER/SECTION ADVISOR

Advisor Certification

DATE

State Officer Commitment and Support

I understand the time, travel, and attire commitment which must be made by a state SkillsUSA officer and assure the SkillsUSA State Director that the officer will attend all required meetings, events and fulfill all duties of their office. I will assure that if the officer is unable to attend any meeting or events due to an emergency situation, the state officer will provide immediate notice to the State SkillsUSA Director. Upon signing this form, I formally acknowledge my full commitment of the candidate and pledge my support to assist the candidate in fulfilling all requirements of their office should they be elected as an officer.

PARENT/GUARDIAN SIGNATURE

DATE

SKILLSUSA ADVISOR SIGNATURE

DATE

SCHOOL ADMINISTRATOR SIGNATURE

DATE

I assure the Arkansas SkillsUSA Association that if at any time I will be unable to attend any of the required meetings or events due to an emergency situation, I will provide notice to the State SkillsUSA Director as soon as possible. I understand that failure to attend required meetings and events, failure to perform the duties of my office, or failure to adhere to the Arkansas SkillsUSA Code of Conduct could result in my dismissal from office and loss of my Tuition Waiver Award.

OFFICER CANDIDATE SIGNATURE

DATE

I attest that all information is accurate and correct. School Administrator.

Counselor Verification Form

Candidate Name: _____

Name of School: _____

Program of Study: _____

This candidate has one or more years left in a Career and Technical Education Program:

Yes

No

This candidate has a GPA of: _____

Please attach a current transcript. (Official or copy accepted)

COUNSELOR NAME (PRINT)

DATE

Candidate Personal Data Form

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Grade: _____ Shirt Size: _____

SkillsUSA Advisor Name: _____

School: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____

State Officer Events

If elected, I will actively serve as an Arkansas Secondary SkillsUSA Officer, abide by the Code of Conduct and promise to fulfill my duties as a state officer. I will also attend the following Arkansas SkillsUSA meetings:

Career and Technical Student Organization (CTSO) Day

Date: February 2024 (1 day)

Location: State Capitol, Little Rock, Arkansas

Arkansas SkillsUSA Leadership/Skills Championships

Date: April 8 -10, 2024

Location: Hot Springs Convention Center, Hot Springs, Arkansas

Arkansas Secondary State Officers Training Retreat

Date: June 2023 (TBA 2 ½ days)

Location: TBD

National Skills USA Championships

Date: June 2023 (1 week, includes **Leverage** training and NLC)

Location: Atlanta, GA

WLTl-Washington Leadership Training Institute (OPTIONAL, but encouraged)

Date: Sept. 2023

Location: Washington D.C.

Arkansas SkillsUSA Secondary Fall Leadership Conferences

Date: October, 2023 (TBA, 2 days, *Possibility of two locations-attend one or the other*)

Locations: TBA

CTSO Day at the Arkansas State Fair

Date: October 2023

Location: Arkansas State Fair Grounds, Little Rock AR

**Other meetings as called by the state association.*

State Officer Screening and Election Process

Once the nominating packet is received and verified, the candidate's local SkillsUSA advisor will receive verification of candidacy. Included with this verification will be specific times for the screening interview, campaign policies and procedures and instructions on presentation of campaign speech.

SCREENING INTERVIEW

On the Monday night before the Arkansas SkillsUSA Leadership/Skills Championships, ALL OFFICER CANDIDATES will meet with the screening committee at their designated time for their screening interview. The screening committee will consist of a combination of the following: State Director, State Office Staff, Advisory Board members or current state officers. Candidates are to be in SkillsUSA Official Dress during the screening process. Any candidates who fail to appear for their screening interview will be removed as a candidate for State Officer elections.

DELEGATE SESSION

- 1) Officer candidates must report to the delegate session holding area 15 minutes prior to the beginning of the session. Candidates are to be in SkillsUSA Official Dress during the screening process.
- 2) Officer candidates will remain in the holding area until the presiding officer calls the group in for introductions. Afterward, candidates will return to the holding area until time for their campaign speech.
- 3) One officer candidate at a time will be called to enter the session to present a 2-minute campaign speech. This must be an actual prepared speech and not a song, rap or skit. The time limit includes this introduction time. (At NO time should the name of the candidate's school be mentioned in speeches). At the end of the speech, the officer candidate will return to the holding area.
- 4) Voting during the delegate session is by secret ballot. Each chapter registered at the conference is allowed two delegates to the delegate session. Screening committee members will also cast votes. The six candidates receiving the most votes will be the Arkansas SkillsUSA Officers.

Results of the officer selections will be announced at the beginning of the awards program during the State SkillsUSA Championships. At that time, the newly selected officers will be announced and move to the awards stage to be introduced.

State Officer Requirements

If elected to the position of state officer you must complete at least **two** of the following items during the course of your tenure as an officer. In order to receive credit each event must be documented and signed by your advisor or district administrator.

- Presentation to a local civic organization about the importance of Career & Technical Education and SkillsUSA to you and all students.
- Presentation to your school board about the importance of Career & Technical Education and SkillsUSA to you and all students.
- Conduct a promotional event or activity at your school to provide students with more information about SkillsUSA & Career & Technical Education.
- Contact a State Congressional Member, either face to face or via email, and tell them about the importance of Career & Technical Education and SkillsUSA to you and all students.
- Contact a National Congressional Member, either face to face or via email, and tell them about the importance of Career & Technical Education and SkillsUSA to you and all students.

- Contribute at least twenty-four hours to local community service.



Release Form

I, _____, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products (“my/child’s information”) without payment or any other consideration.

I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child’s information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child’s information will become property of ADE and will not be returned.

Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, hereby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child’s information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

Parent’s Name or Adult (Please print.)

Child’s Name or
Children’s Names (Please print.)

Signature of Parent or Adult (Please sign in cursive.)

Date



CONFERENCE REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Please read over this entire form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

1 Complete this entire section.

Participant's HOME address is required. Do not use the school address as a home address.

Email address is required. Conference information will be sent electronically.

SkillsUSA State Association:			Parents'/Guardians' Names (if participant is under age 18):		
Check one:	<input type="checkbox"/> High School Division (Secondary)	<input type="checkbox"/> Middle School Division	Parents' Telephone Number (area code required): ()		
<input type="checkbox"/> College/Postsecondary Division					
Participant's Name (First, Last) as it should appear on name badge:			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's HOME Address:			School where participant's occupational training/trade area is taught:		
City:	State:	ZIP Code:	Mailing Address of above school:		
HOME Telephone (area code required): ()	CELL Phone (area code required): ()	City:	State:	ZIP Code:	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): ()		
EMAIL address (to receive important instructions/contest updates before conference):			Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X		

2 Contestants *only*, complete this section.

All others, complete this section.

Check: <input type="checkbox"/> Contestant	Contest in which competing:	
Graduation Year:	Occupational Training/Trade Area in which contestant is enrolled:	
Check one: <input type="checkbox"/> Advisor (Teacher)	<input type="checkbox"/> State Association Director	<input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____
<input type="checkbox"/> Voting Delegate	<input type="checkbox"/> State Office	

3 Complete this on-site emergency contact/ADA information.

Name of Teacher/Adult chaperoning participant at conference:	Check YES if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA): <input type="checkbox"/> YES Describe: _____
ON-SITE Telephone Number of teacher/adult chaperone (area code required): ()	Check YES if participant has dietary restrictions: <input type="checkbox"/> YES Describe: _____

4 Complete the signature to signify the participant's agreement to ALL statements on both sides of this registration form.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing below, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperon at this event so that this person may act on my behalf in case of a medical emergency.

PARTICIPANTS — PLEASE SIGN BELOW IF YOU ARE OVER AGE 18 AND ATTEST:	
_____ Signature	_____ Date
_____ Full Name (Please Print)	
PARENT / GUARDIAN / CHAPERONE — SIGN BELOW TO ATTEST (MANDATORY IF PARTICIPANT IS UNDER AGE 18):	
_____ Signature	_____ Date
_____ Full Name (Please Print)	

SkillsUSA Personal Liability and Medical Release Form

I hereby release SkillsUSA Inc., its representatives, agents and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while attending this SkillsUSA conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of SkillsUSA representatives, agents or employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I voluntarily authorize the SkillsUSA conference medical services coordinator or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participant will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation.

I agree to indemnify and hold harmless SkillsUSA Inc. and its medical services coordinator and/or and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from medical procedures or treatment rendered in good faith and according to accepted medical standards.

I understand that SkillsUSA has implemented preventative health and safety measures at this conference to help reduce the spread of COVID-19. I understand SkillsUSA cannot guarantee that conference attendees will not be exposed to or infected by COVID-19. As a conference participant, I acknowledge the contagious nature of COVID-19. By attending this conference, I voluntarily assume the risk and responsibility for any possible exposure or infection.

I have read and understand the SkillsUSA Code of Conduct. I agree to follow all policies, procedures and practices as stated. I understand that this is an educational activity and I will apply myself for the purpose of learning at all times and uphold the finest qualities of SkillsUSA members.

SkillsUSA is not responsible or liable for any issues related to my participation in any in-person, hybrid or virtual SkillsUSA contest including: technology issues or interruptions, malfunctions or failures; personal injury; illness; or damage to school property or individual property.

Adult supervision of student competitors is required at all times when operating power or hand tools; using cutting devices and knives; or handling sharp objects. SkillsUSA is not responsible or liable for any injuries or issues.

If you are age 18 or over, please sign on the first page of this form to indicate that. Anyone under 18 must have a parent or guardian review this form and sign on the first page. If not signed, this form will be returned. All participants must submit this form to participate.

Release of Personal Information Through Lead Retrieval System

Participant name badges at any SkillsUSA national or state conference may include a barcode that includes personal information. I understand that by giving my verbal permission to vendors and staff associated with the conference, my information may be used for follow-up after the conference. Personal information may include my name, email address, mailing address, training program or contest area. By signing on the other side, I acknowledge my understanding of this statement and give consent for contact.

SkillsUSA Conference Code of Conduct Agreement

This SkillsUSA national or state conference is designed to be an educational function, and all plans are made with that objective in mind. SkillsUSA wants every participant to have an enjoyable experience with careful attention paid to both safety and comfort. All conference participants are expected to conduct themselves in a manner best representing SkillsUSA as a member of the nation's greatest career and technical education student organization.

For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times.

Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not enter any hotel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
5. I will not leave the hotel/motel without the express permission of my advisor or state SkillsUSA director. Should I receive permission, I will leave a written notice of where I will be.
6. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
7. I will not have in my possession any firearms, dangerous weapons, explosive compound, or an object that can reasonably be considered and/or used as a weapon.
8. I will respect SkillsUSA attire and will not inhale or smoke cigarettes, e-cigarettes, use a vape pen or any other substances while wearing clothing bearing the name or logo of SkillsUSA, including outdoor venues.
9. I will not engage in bullying or cyberbullying of others including threatening words or behavior; menacing, hazing, taunting or intimidation; the use of lewd, profane or vulgar language; verbal or physical abuse of others; or other threatening behavior toward others at any time.
10. I will not engage in any behavior that might be deemed sexual harassment which includes, but is not limited to, verbal, written or physical statements or actions to or about others.
11. I will keep my advisor or state SkillsUSA director informed of my whereabouts at all times.
12. I will, as required, wear my official conference identification badge that bears my legal name and not misrepresent myself by wearing the badge of another participant.
13. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
14. I will adhere to the specified conference dress code at all required times.
15. My conduct shall be exemplary at all times.
16. I will be respectful and professional when attending any SkillsUSA virtual conference and will share only appropriate information. I will use the chat feature for questions and comments that are relevant to the event and will not use the chat feature for posting comments that distract from the conference activities. I will use my full first name and last name as listed on my conference registration when signing on to the virtual conference.

Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense.

1. Violations of Items 1 through 11 of the "Code of Conduct" will be grounds for immediate removal from an elected office and possible relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participant's misconduct or infraction could result in the disqualifying of his or her state delegation as well.
2. Violations of Items 12 through 14 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 12 through 14 may result in the participant being sent home at his/her own expense.

I agree to all conference rules of conduct and releases as stated on this form. My consent is affirmed when I complete and submit this registration form to SkillsUSA as a participant of this conference.

Photography and Sound Release

By attending this conference, I grant SkillsUSA and its production companies permission to photograph me, videotape me or make audio recordings of my voice, separately or in combination, and give permission to SkillsUSA to use these photos, videos or sound recordings without seeking further permission. I understand that my name may not appear with my photo, video or sound recording when used. Further, I relinquish to SkillsUSA all rights, title and interest in any photographs, videos or sound recordings of me and I grant

SkillsUSA the exclusive right to exhibit, publish, give or transfer photographs, videotape or audio recordings to any individual, business and industry partner, publication, media outlet or governmental agency, or their assignees, without payment or other consideration to me. My agreement to participate or perform under camera, lighting and stated conditions is voluntary. I waive all personal claims, causes of action or damages against SkillsUSA and its employees or volunteers arising from such a performance or appearance. **NOTE:** I understand that audio or videotaping of conference speakers by conference participants is not permitted.

Signature Page Instructions: Print and Sign this form: Retain 1 copy for your school and submit a scanned copy of this form as a separate attachment to your nomination packet.

I attest that all information contained in the State Officer Nomination Packet is accurate and true. I understand that this is a great responsibility and will require sacrifice on my part. By Signing below and completing this form, I agree to all of the conditions and challenges that are required of my advisor, my school, my family and me.

Candidate Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

School Administrator Signature: _____

School Administrator Title _____

Date: _____

Parent/Guardian Signature: _____

Date: _____