

SkillsUSA California Officer Candidate Application

PERSONAL INFORMATION

Name	Age	Social Security
Date of Birth		
Your Parents (or closest living relative) Name		
Address		Phone
Do you live with your parents/guardian	Which months?	
Your Address (if different from parents)	Your Phone	

SCHOOL INFORMATION

School Name	
Address	Phone
	Instructor/ Advisor
Year in School	
Vocational Training Objective	Type of Program
School official who should receive copies of your SkillsUSA California Correspondence: Name	Title
Address	Phone

Attach (1) letter from a school administrator and (2) letters of recommendation (from other than family members) endorsing you with reference to your character, leadership abilities, and scholastic accomplishments.

I _____ am an active member of _____ SkillsUSA CALifornia Chapter and hereby submit my name and the above-mentioned documents to SKILLSUSA CALIFORNIA in order to be recognized as an official candidate for State SkillsUSACalifornia Officer. Furthermore, I verify I am eligible for candidacy and have met the following qualifications: (All MUST be answered YES in order to be considered)

_____ Current Active Member	_____ Will be available to represent the State
_____ Endorsed by my Local Chapter	_____ Agree to abide by nomination and election policies
_____ Minimum of 1 year remaining in an Industrial Technical Education Program	_____ Will successfully pass the Leadership test given at the State and Conference

I _____ (advisor), submit the above-mentioned documents for the above mentioned chapter member verifying their endorsement by this local chapter. (I will mail this application and all supporting documentation \ to the SKILLSUSA CALIFORNIA Office by the deadline.)

Mail Complete Application to: **SKILLSUSA CALIFORNIA, P.O. Box 401825 Hesperia, CA 92340**