



NATIONAL EDUCATION TEAM APPLICATION FORM

Name _____

Title _____

Training Program _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone () _____ School Fax () _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-mail Address _____

T-shirt size S M L XL 2XL 3XL 4XL (please circle)

National Education Team Opportunities:

- SkillsUSA Championships Skilled and Technical Sciences Contests*
- SkillsUSA Championships Leadership Development Contests*
- SkillsUSA Championships Occupationally-related Contests*
- SkillsUSA Championships Demonstration Contests*
- National Conference Management
 1. Auction
 2. Audiovisual Equipment
 3. Computers/Networking
 4. Conference Logistics
 5. Construction
 6. Contest Cluster Chairs
 7. Courtesy Corps
 8. Dispatch
 9. Electrical/Radios
 10. Facilities
 11. Health and Safety
 12. Leadership
 13. Printing
 14. Public Relations
 15. Registration/Information
 16. Scoring/Awards Program
 17. Shipping, Receiving and Local Transportation

*Check the *SkillsUSA Championships Technical Standards* and the web site www.skillsusa.org for a complete and current listing.

My Areas of Interest

Please list three areas of interest below. (Example: a construction teacher may select a first choice of working with the Carpentry Contest, but also be interested in the Job Interview competition or assisting with Public Relations efforts at the conference.)

First Choice: _____

Second Choice: _____

Third Choice: _____

Employment Background

How many years have you an instructor? _____

How many years were you employed in your trade prior to teaching? _____

SkillsUSA Background

How many years have you been involved with SkillsUSA? _____

Are you currently a SkillsUSA advisor? _____

Tell us about your involvement with SkillsUSA in your school, district or region. Have you been involved in state SkillsUSA competitions? If yes, please explain:

How many times have you had a SkillsUSA student compete at the district, region or state levels?

_____ In the national SkillsUSA Championships? _____

Tell us about some of your past students' accomplishments:

Additional Professional and Personal Background

Professional associations and organizations you belong to:

Awards you have received personally or professionally:

Additional information you'd like us to know about you:

I have read the requirements of a **National Education Team** member, completed the application form and request to be an NET member.

Signature of Applicant _____ Date _____

Required Signatures to Support This Application:

Local Administrator _____ Date _____

State SkillsUSA Director _____ Date _____

This completed and endorsed application form should be sent by **March 15th** to:

Dave Worden
Program Director
SkillsUSA Championships
14001 SkillsUSA Way
Leesburg, VA 20176-5494

FAX: 703-777-8999
E-mail: dworden@skillsusa.org