

SKILLSUSA INDIANA BOARD OF DIRECTORS INFORMATION/APPLICATION

Name of Board Applicant _____

Home Address _____ Home Phone _____

Home Email _____ Work Email _____

Current Employer _____ Current Position _____

Work Address _____ Work Phone _____

Years in Current Position _____ Cell Phone _____

Please check the following:

____ Business and Industry: Area: _____

____ Education: Area: _____

____ SkillsUSA Alumni Years active in SkillsUSA _____

RESPONSIBILITIES

1. Professional Business attire will be worn at all meetings.
2. Formulate and disseminate all policies concerning SkillsUSA Indiana
3. Plan, organize and supervise the SkillsUSA Indiana State Leadership and Skills Conference (SLSC)
4. Accept assigned responsibilities at the SLSC
5. Help, plan and supervise activities pertaining to the National Skills and Leadership Conference (NLSC)
6. Determine competitive events to be offered at the Regional and State levels
7. Oversee activities of SkillsUSA Indiana State Officers
8. Meet regularly as a Board member in person or by conference call
9. Accept other responsibilities as determined by the Board of Directors

By signing the form, you are accepting the duties of a SkillsUSA Indiana Board of Directors member.

Applicant Signature

Date

If applicant is employed by a School Corporation, please include signature of Administrator

Date

Please return completed application to SkillsUSA Indiana, P.O. Box 34689, Indianapolis, IN 46234 or email it to Kelley.skillsusa@gmail.org