State Officer Candidate Application & Minimum Qualifications List

Candidate Information: Type or Print

Full Name_____ Nickname _____

Name as it should appear on ballot _____

Date of Birth _____

Home Address _____

City _____ Zip Code _____

Phones: Home (___)_____ Cell (___)_____

E-Mail Addresses: Home _____

School _____

School/Career Center Name _____

School Address _____ City _____

Zip Code_____

Current Grade Level _____

Occupational Training Area _____

Advisor Information:

Name _____

School Address _____ City _____

Zip Code_____

Phones: Work (___)_____ Cell (___)_____

Email Address: School _____

Minimum Qualifications

The State Officer candidate:

- **Has active membership status (membership submitted on or before 12/11/2026 as evidenced by membership roster;**
- **Has endorsement of a parent or guardian, local advisor and local administrator, evidenced by signed statements;**
- **Has at least one full year remaining in a high school or college/post-secondary CTE trade, industrial, technical or health occupations program;**
- **Has an occupational objective in trade, industrial, technical or health occupations field, and this must be on record;**
- ***Must be available* to represent SkillsUSA Indiana through personal appearances, as required, which could be any of the following: All SkillsUSA Indiana State Officer Meetings, State Officer Training June (3 days), National Leadership & Skills Conference June 2027 (9 days), July Planning Meeting and possible Camp (5 days), Fall Membership Visits (3 days), WLTI September 2027 (5 days), Fall Conference November 2027 (1 day), Legislative Breakfast February 2028 (1-2 days); SkillsUSA Indiana Leadership & Skills Conference April 2028 (3 days), monthly virtual calls and others if assigned;**
- **Submit all forms with student, parent and school signatures *by February 19, 2027***
- **Attendance *REQUIRED* at Candidate/PARENT meeting for State Officer candidates. Date and time to be determined. *A PARENT MUST ATTEND WITH CANDIDATE!***
- **Will respect the nomination, election, and campaign policy restrictions.**
- **Will abide by the decision of the SkillsUSA Indiana Board of Directors regarding any State Officer's participation in a contest at the State Leadership and Skills Conference during the year of office.**

If an officer cannot fulfill his/her officer's duties, he/she will be required to return all items purchased and may be required to refund SkillsUSA for funds that have been spent on their behalf. _____ (applicant's initials) _____ (parent's initials)

Officers will be required to raise support money that will be used for some of the travel expenses. Any money raised or donated by supporters will not be returned if officer is removed from their duties. _____(applicant's initials) _____ (parent's initials)

_____ _____

Student Signature **Date**

_____

Printed Student Name

_____ _____

Parent Signature **Date**

_____ _____

Printed Parent Name **Phone Number**

Required Signatures

1. ***Student Candidate*: I understand that each of the seven State Officer positions has unique responsibilities. Further, I realize that if I am selected by the screening/slating committee to run for office, I will have an opportunity to run for a position (not a specific office) on the officer team. I also understand that I have no guarantee that I will, in fact, become a candidate. After election, officer team members will decide which of them can best lead in the appropriate officer positions. I am willing to serve in any officer position that I may be called upon to serve by my team members.**

   _____ (Student's Signature)

2. ***Parent/Guardian*: I agree to fully support my/our student for state office in SkillsUSA Indiana. I also realize that state officer meetings will be scheduled regularly, and I may be called upon to provide transportation and meet other expenses for such meeting, and my student's participation in the organization.**

   _____ (Parent/Guardian's Signature)

3. ***Candidate's Advisor*: The student who is a candidate has my full support and endorsement. I am aware that when State Officer meetings are scheduled, I will support the attendance of my student should he/she be elected. I also agree that my student and I will abide by the decision of the screening committee. I certify that the candidate has knowledge of SkillsUSA and has high quality leadership skills.**

   _____ (Advisor's Signature)

   Signature of Advisor for 2027-2028 if different than above

   _____ (Advisor's Signature)

4. ***Guidance Officer*: The student who is a candidate has good or above average attendance in all classes. This student will be required to have some prescheduled absences and will miss 8 to 10 school days over the next year due to officer requirements, while being a SkillsUSA Indiana State Officer. Also, the student candidate has a B or above in each subject.**

   _____ (Guidance Officer's Signature)

5. ***High School Principal*: I recommend this student as a SkillsUSA Indiana State Officer and endorse his/her high quality of leadership skills. I will give the student approved released time from school for the State Officer screening and, if elected, release time without penalty (missed work to be made up) to fulfill the responsibilities of that position.**

   _____ (High School Principal's Signature)

6. ***CTE Director*: I recommend this student as a SkillsUSA Indiana State Officer and endorse his/her high quality of leadership skills. I will give the student approved released time from school for the State Officer screening and, if elected, release time without penalty (missed work to be made up) to fulfill the responsibilities of that position.**

   _____ (CTE Director's Signature)

SkillsUSA Indiana State Officer Conduct Contract

As a State Officer of **SkillsUSA Indiana**, 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, 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 **State Officer Conduct Contract**, it should be with the understanding that your obligations are great, as are the rewards of serving your fellow members. You also will be reaffirming the ideals of **SkillsUSA**.

As a State Officer of **SkillsUSA Indiana**, I agree to adhere to the following rules and regulations:

1. I will maintain SkillsUSA active membership status at the career center/school where my SkillsUSA chapter is located, and where I attend classes this year and plan to attend next year.
2. I will attend school each day it is in session, unless I am on official SkillsUSA business or ill. I will make up all work missed.
3. I will maintain a B or above in all my classes.
4. I will immediately forfeit my office if I leave school before completing my training program, am suspended or expelled.
5. I will not use alcohol beverages and/or illegal drugs, and I will not abuse non-prescription drugs at any time.
6. I will immediately forfeit my office if I am involved in any activity that is detrimental to SkillsUSA and/or my school such as but not limited to police arrest for DUI, drug charges or fighting.
7. I will respect authority at all times.
8. I will conduct myself in an exemplary manner at all times, during and outside SkillsUSA functions.
9. I will avoid places and/or activities which in any way could raise questions as to moral character or conduct.
10. I will use wholesome language in all speeches, correspondence and conversations connected with SkillsUSA and while representing SkillsUSA.
11. I will avoid participation in and actively discourage any conversation (verbal or electronic) which belittles or downgrades SkillsUSA members, officers or the organization.
12. I will attend the following functions as assigned: All SkillsUSA Indiana State Officer Meetings, National Leadership & Skills Conference (9 days), State Officer Training (3 days), July Planning meeting and possible Camp (5 days), Fall Membership Visits (3 days), Fall Leadership Conference (1 day), WLTI (5 days), Legislative Breakfast (1-2 days) SkillsUSA Indiana Leadership & Skills Conference (3 days), and others if assigned.
13. I will attend all activities for which I am assigned/registered and will be on time to all functions and assignments.
14. I will adhere to the dress code at all times.
15. I will respect SkillsUSA by not smoking while wearing the official attire.
16. I will consider romance of any type with other SkillsUSA State Officers as “off limits” during my year as a state officer.
17. I will, at all times, respect all public and private property.
18. I will keep the assigned SkillsUSA Indiana staff person informed of my whereabouts at all times during SkillsUSA events.
19. I will not leave the hotel/motel to which I am assigned without the express permission of the assigned SkillsUSA staff person(s).
20. I will spend each night in the room of the hotel/motel to which I am assigned.
21. I will abide by the curfew established and shall respect the rights of others.
22. I will not be in the sleeping room of another member of SkillsUSA. The only room I may be in is the room that is assigned to me, the State Director's and/or State Officer Advisor's.
23. I will maintain an email account and check it at least every two days and respond to all SkillsUSA communications in a timely manner.

Violations and Penalties

Violations of items 1-23 will result in a warning and/or reprimand. Violations may be grounds for immediate disqualifications 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 local education agency official(s) and parents or guardians.
I understand that, by signing this contract, if I am in violation of any of the preceding regulations and/or conduct myself in a manner unbecoming of a SkillsUSA State Officer, I may be removed from office or suspended from travel appearances. 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 violations.

Signature of Candidate:

_____

Typed or Printed Name:

_____

Date: _____

I have read and understand the SkillsUSA Indiana State Officer Contract and agree to support its guidelines and the above-named student to the best of my ability:

Parent/Guardian's Signature _____

SkillsUSA Local Advisor's Signature _____

SkillsUSA Local Advisor's Signature _____
(if different for 2027-2028)

High School Principal's Signature_____

CTE Director Signature's _____

Please send the completed application by **February 19, 2027** to:
Karla Moore
SkillsUSA Indiana Assistant Director
PO Box 34689
Indianapolis, IN 46234
Email: karla@skillsusaindiana.org

SkillsUSA Indiana State Officer Personal Data Form

Candidate's Name: _____

SkillsUSA Blazer Size: _____ Shirt Size: _____

Major Airport Closest to Home: _____

Name on ID for Purchase of Airline Tickets: _____

Please answer all questions below in 50 words or less:

Employment History, Hobbies, Interest and Activities:

_____

_____

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_____

Why do you want to be a SkillsUSA Indiana State Officer?

_____

_____

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_____

What highlight experiences have you had in SkillsUSA which will help you become a successful State Officer?

_____

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List any service or academic honors/awards you have received.

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What is the skilled trade program pathway you are currently enrolled in and how has this prepared you for leadership?

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What do you see as the role of a State Officer and what would you like to accomplish during your term as a SkillsUSA Indiana State Officer?

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If I asked your Advisor to describe you as a student in his/her class, what would they say about you?

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_____

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Some public speaking will be necessary. Identify the activities that you have been a part of that have given you experience in speaking before a group of people.

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Parent/Guardian's Contact Information

Parent/Guardian's Name(s)

Father: _____

Mother: _____

Home Address _____

City _____ Zip Code_____

Phones: Father: _____ Work: _____

Mother: _____ Work: _____

Father Email: _____

Mother Email: _____

Best way to contact you in case of emergency:

Name: _____ Number: _____

I, hearby, grant SkillsUSA and SkillsUSA Indiana my permission to take photos of my son/daughter and use in publications, website and social media pages to promote SkillsUSA.

Parent: _____ Candidate: _____ (INITIALS)

I understand my student will be raising sponsorship for themselves if they are elected as a SkillsUSA Indiana State Officer.

Parent: _____ Candidate: _____ (INITIALS)

I understand that if my son/daughter violates any of the SkillsUSA Indiana State Officer Conduct Contract, does not raise their support, does not complete SkillsUSA Leadership responsibilities, he/she may be removed from the State Officer team.

Parent: _____ Candidate: _____ (INITIALS)

****I WILL ATTEND THE REQUIRED STUDENT/PARENT MEETING (TBD)**

Parent: _____ **Candidate:** _____ **(INITIALS)**

Please email and send the completed hard application to:
email: karla@skillsusaindiana.org
mailing address: Karla Moore, PO Box 34689, Indianapolis, IN 46234
If you have any questions regarding the application or the application process, please contact Kelley Baker by phone, 317-667-8247 or email Karla Moore at karla@skillsusaindiana.org
All applications must be received no later than February 19, 2027.

SkillsUSA Indiana State Officer Biography & Headshot Photo

Please type a biography about yourself and attach a headshot photo
(use a plain white wall background in official SkillsUSA attire)

Name:_____

School:_____

Program:_____

Email:_____

Phone: _____

Personal Biography:

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