



*State
Officer
Application
2018*



Application for Maine State Officer

The student officers of the Association shall consist of a maximum of 10 officers, with a minimum of 3 high school officers and 3 college/PS officers.

Each SkillsUSA Maine chapter affiliated with the Association may annually submit candidates from its active membership to serve as officers of the Association. Each local SkillsUSA Maine chapter may develop or establish its own procedure for designating the chapter's candidate or candidates. No individual shall hold (in any given year) more than one office in the Association. No high school chapter can have more than three serving as officers in the same year.

1. There will be a single team consisting of both secondary and post-secondary students. The team shall consist of four at large positions (President, Vice President, Secretary and Treasurer), five regional Vice Presidents and one post-secondary Vice President.
2. A student can only run for a regional Vice President position that their school is part of.
3. Only a post-secondary student can run for the post-secondary Vice President position.

The success of the SkillsUSA Maine Program for any SkillsUSA year depends largely upon the strength of its student officers. Strong student officers begin with high quality candidates and the local selection process is key in assuring the quality of the candidates.

Characteristics of a Successful State Officer are

- Dependable
- Punctual
- Realistic
- Cooperative
- Enthusiastic
- Friendly
- Self-confident
- Loyal

Benefits and Opportunities available to State Officers

- Bring positive recognition to yourself, school, community and state
- Develop a spirit of enthusiasm, pride in yourself and career / technical education
- Develop the ability to plan, organize and execute a full schedule of activities
- Develop self-confidence and poise
- Opportunities to come in close contact with leaders in business and industry while working together for the benefit of career / technical education
- Opportunities to develop your leadership potential
- Opportunities to travel

Responsibilities Associated with becoming a State Officer

- Be an integral part of the your local chapter
- Work as part of a team
- Carry out the duties of elected office
- Develop workshops and presentations to be given at conferences and state functions
- Be familiar with the organizational structure and policies of SkillsUSA Maine.
- Understand and correctly use parliamentary procedure.
- Memorize appropriate ceremonies and rituals.
- Attend all meetings.
- Be prepared to conduct organization and state meetings.
- Be prepared to serve as a speaker.
- Be loyal to SkillsUSA Maine.
- Assist other officers to accomplish their tasks.
- Practice good speaking and writing skills as you represent the state association.
- Be helpful, respectful, and responsible to all people.
- Represent more than 2,200 SkillsUSA Maine members statewide

Required Attendance for State Officers

- State Officer Meetings
- State Executive Board Meetings
- State Officer Training
- Fall Leadership Conference
- State Leadership & Skills Championships

Suggested Attendance for State Officers

- National Leadership & Skills Conference – We would like all state officers to attend this conference, yet we understand that it is not possible, so we encourage you to attend.

The Election Procedure for SkillsUSA Maine State Officers

All Candidates must submit the State Officer Candidate Information Form, the State Officer Medical Information Forms, the State Officer Contract, a Letter of Reference, and the Photograph and Sound Release by third Friday in January.

Candidates will create a short bio of themselves to be posted along with a photo on our State Website and submit before January 31. The bio cannot be any longer than 250 words.

Candidates will video themselves giving a 2- 3 minute campaign speech on “Who you are and what qualities make you a good State Officer?” to be delivered through our State Website and submitted before January 31.

The above information will be available to the schools delegates during the first week in February until the end of the third week of February through a section of our state website that will require the advisor to log in.

Candidates will be part of a discussion group for answering delegate’s questions. A general election will be held during the fourth week of February to designate the new State Officers. These officers will have no official title at this time.

Announcement of the new officers will be during the State Championships.

Special Notice Regarding Transportation

All candidates for the SkillsUSA Maine State Officer as well as advisors, administrators and especially parents / guardians must be aware that SkillsUSA Maine State Officers participates in numerous statewide activities which require travel of an hour or more from home.

If the state officer is to take their own private vehicle, they must get a letter from their schools Director authorizing the state officer to drive themselves and this must be presented to the State Officer Advisor upon arrival. It is recommended that the local advisor drive the State Officer to meetings. It may be necessary from time to time to need assistance from parents / guardians to get to and from events and activities.

Financial Responsibilities

The cost for rooming and meals at the State Officers Meetings will be covered under the State Officer Budget.

Other costs such as, transportation to and from the meetings, transportation and meals for other required and suggested events, clothing cost (official blazer and other items that the officer team approves) are the responsibilities of the officer.

Completed applications are to be submitted to:

Hal Casey – State Director
c/o Eastern Maine Community College
354 Hogan Rd
Bangor, ME 04401

Responsibilities of a SkillsUSA Maine State Officer Local Advisor

The success of our state officer team depends largely on the support of our state officer local advisors. Duties of such advisors are listed below.

- Ensure their officer receives communication from the state office.
- Ensure their officer responds in a timely manner to all requested materials or information.
- Ensure their officer attends all called meetings and activities.
- Ensure their officer abides by all policies and procedures as outlined in their Leadership Handbook, State Officer Contract, and any other such items that may be communicated to them in writing or verbally by the state director or designee.
- Review all assignments before they are submitted to the state office (speeches, articles, minutes, journal entries).
- Arrange transportation for your officer to and from events.
- Assist in planning and preparing state officer speeches, scripts, skits, sessions and other documents.
- Encourage and support the state officer team in fulfilling their mission to serve SkillsUSA Maine.

State Officer Candidate Information Form

Full Name: _____

Birth Date: _____

Email: _____ Present Year in School: _____

T-shirt size: _____ Polo shirt size: _____

Home Address: _____

City: _____ Zip Code: _____

Parent(s)/ name(s): _____

Home Telephone: _____

CTE School Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

Trade Area: _____

Chapter Advisor: _____

What size do you normally wear in:

- shirts _____
- pants _____
- skirts _____
- shoes _____

I am running for one of the at large positions

I am running for a regional vice-president position

State Officer Favorites

What is your favorite food or type of food?

What book do you really want to read?

What movie will you watch next on Netflix or OnDemand?

What is your favorite magazine that you don't already have a subscription to?

What is your favorite snack?

What is your favorite candy?

What is your favorite type of fruit?

What is your favorite beverage?

What is your favorite leadership quote?

State Officer Confidential Medical Information SkillsUSA Maine, Inc.

Name _____

Address _____

City, State, ZIP _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Date of birth ___/___/___

High School _____ College/Post-Secondary _____

NOTE: All persons under legal age must have a parent and/or guardian agree to affix their signature to this form. **All participants must sign this form.**

I hereby agree to release **SkillsUSA Maine, Inc.**, its representatives agents, and employees from liability for any injury to me resulting from any cause whatsoever occurring at any time while carrying out officially assigned travel or business for **SkillsUSA Maine, Inc.**

The SkillsUSA Maine staff, assistants and/or designees are authorized to administer and/or obtain, routine or emergency diagnostic procedures and/or routine or emergency medical treatment for me as deemed necessary in medical judgment.

I agree to indemnify and hold harmless **SkillsUSA Maine, Inc.**, and said assistants and designees for any and all claims, demands, and actions, rights of action and/or judgments by or on my behalf arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of **SkillsUSA Maine, Inc.**, I do hereby agree to follow the procedures and practices described. I fully understand my responsibilities as a state officer and will, to the best of my ability, apply myself for the purpose of my assignment and uphold at all times the finest qualities of a person representing **SkillsUSA Maine, Inc.**

_____/____/____
Signature of Student Date

_____/____/____
Signature of Parent/Guardian Date

Confidential Medical Information

Name _____

(Please print or type) Parents or Guarantor

Father's Name _____

Address _____

City, State, ZIP _____

Phone (____) _____

E-mail _____

Mother's Name _____

Address _____

City, State, ZIP _____

Phone (____) _____

E-mail _____

Guarantor _____

City, State and ZIP _____

E-mail _____

Address _____

Phone (____) _____

Employer of Insured _____

Address _____

Phone (____) _____

City, State, and ZIP _____

Fax (____) _____

Emergency Contact Person: _____

Address _____

Phone (____) _____

City, State, and ZIP _____

List all medications currently taking:	List any known drug allergies:	List any physical restrictions:	List any dietary restrictions:
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Important: A copy of the medical insurance card must accompany this form—(both sides).

Family insurance company: _____

Address: _____

Plan/Group/Policy Number _____

Policy Holder's name: _____

Complete this section only if student DOES NOT HAVE INSURANCE

This confirms that (name) _____ does not have insurance at this time. This will grant a representative from SkillsUSA Maine, Inc., to obtain any medical treatment necessary in the event that I cannot be reached

Signature of Parent/Guardian or
Student of legal age Self Support

____/____/____
Date

SKILLSUSA MAINE STATE OFFICER CONTRACT

As a state officer for SkillsUSA Maine you have a great responsibility to represent your organization. Your conduct should be exemplary at all time because you will be meeting students, advisors, administrators, and industry representatives and setting and example for all SkillsUSA members. When you sign the State of Maine contract, it should be with the understanding your obligations are great and so are the rewards of serving your fellow members. SkillsUSA Maine is proud of all our students and knows by signing this contract you are simply affirming your dedication to the ideals of SkillsUSA.

As a Maine State Officer, I agree to adhere to the following rules and regulations.

1. I will, at all times, respect all public and private property.
2. I will spend each night in a 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 remain in a hotel room in which I am not assigned unless the door is completely open at all times.
5. I will not use alcoholic beverages or drugs (unless I have been ordered to take the drugs by a licensed physician, at which time I will have orders of the physician on my person.)
6. My conduct will be exemplary at all times.
7. I will forfeit my office if I quit school, am suspended, or expelled.
8. I will respect all authority.
9. I will keep a State Officer Advisor informed about my whereabouts at all times.
10. I will, at all times required, wear my official identification badge.
11. I will respect SkillsUSA by not smoking while performing my duties or while participating in any activities that I am representing SkillsUSA.
12. I will attend all activities to which I am assigned / registered and be on time.
13. I will adhere to the dress code at all times as required.
14. I will attend the following functions: (1) visitations of SkillsUSA local chapters, and state related activities such as: (2) (A) SkillsUSA Maine Championships: (B) Leadership Conference Preparations: (C) All State SkillsUSA Maine functions.
15. I will forfeit my office if I change my residence from the state I was elected in after the beginning of the school year.

16. I will maintain above average grades and submit all copies of all report cards when received.
17. I will attend school each day it is in session unless I am on a SkillsUSA Maine assignments or ill. I will make up all work missed in class.
18. I will accept State SkillsUSA Maine assignments and keep accurate record of expenditures and travel expenses and submit a written report with vouchers to the state advisor within 5 days after the event.
19. I understand it is necessary to maintain a professional appearance in all social networking I am engaged in. I understand that I must give access to those social networking sites to SkillsUSA Maine and that they will review these sites and if they find anything considered by them non-professional, I will remove it upon their request.

VIOLATIONS AND PENALTIES

1. Violation of items 1-9 will be grounds for disqualifications and suspensions from office. Proper notification will be sent to the state, school, and parents.
2. Violation of items 10-19 will result in a warning and reprimand. Repeated violations may result in disqualification and removal from office. Proper notification of the violation and action taken will be sent to the state, school, and parents.

STATE OFFICER CONTRACT

I agree that if, for any reason, I am in violation of this contract, I may be brought before the appropriate discipline committee for an analysis of the violation, and I further agree to accept the penalty imposed on me, with the understanding all such actions are explained to me and further realize the severity of the penalty may increase with the severity of the violation, even to the extent of being sent home immediately at my own expense.

I understand the penalties stated in the State Officer Contract will be imposed if I violate the rules of conduct. I agree to these rules and penalties for their violation by signing my name below.

Name: _____

Date: _____

Signed: _____

I have read the Maine State Officer Contract and will provide support to the above named student to the best of my ability.

Date: _____ Parent/Guardian: _____

Date: _____ Advisor: _____

Date: _____ CTE Director: _____

Date: _____ State Director: _____

PHOTOGRAPH AND/OR SOUND RELEASE

1. I, the undersigned, hereby grant Maine SkillsUSA permission to make still or motion pictures and sound recordings, separate or in combination, and also give a production company approved by the SkillsUSA permission to use the finished silent or sound picture show and/or sounds recordings.
2. I also hereby relinquish to the Maine SkillsUSA all rights, title, interest in, and income from the finished sound or silent motion picture, still pictures, SkillsUSA the right to give, sell, transfer, and/or exhibit the same to any individual, business firm, publication, television station, radio station or network; or government agency, or to any of their assignees without any payment or other consideration to me
3. I also understand that the still or motion pictures and sound recordings can/will be used on the SkillsUSA Maine web site.
4. My agreement to perform under camera, lighting, and stage conditions is voluntary and I do hereby waive all personal claims, cause creation, or damage against SkillsUSA Maine and the employees thereof, arising from the performance or appearance.

Name(print): _____

Date: _____ Parent/Guardian: _____

Date: _____ Student: _____

STATE OFFICER TRAVEL CONSENT FORM

This form consents participation in SkillsUSA Maine-sanctioned activities during the 2018-2019 school year as a member of the **SkillsUSA Maine State Officer Team**.

State Director: Mr. Hal Casey

State Officer Advisor: Mrs. Charlene Desmond. Mrs. Emily LaJoie

Officer: _____ Division: **HS PS** (circle one)

Address: _____

Home Phone: _____

Parent's Name: _____

Cell Phone: _____

Alternative Adult: _____

Bus. Phone: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties of and assignments made to members elected as a Maine State Officer. The mode of transportation may be commercial van, or a private vehicle driven by SkillsUSA Maine State Staff, a parent, or the above-named.

State Officers, even though off-campus, are still subject to all of their sending school and SkillsUSA Maine rules and regulations and when participating in State Officer activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of SkillsUSA Maine, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release SkillsUSA Maine and its Board of Directors, State Staff, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Signature of State Officer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____