



OFFICER APPLICATION

If you would like to be a SkillsUSA Officer next school year, please complete the following:

NAME: _____

AGE: _____

GRADE: _____

ADDRESS: _____

PARENTS NAME(S): _____

HOME PHONE: _____

CELL PHONE: _____

REASON FOR WANTING OFFICE: _____

LIST SOME OF YOUR ACTIVITIES: _____

DO YOU DRIVE? _____

I _____ GIVE PERMISSION FOR _____ TO RUN FOR SKILLSUSA OFFICE. I UNDERSTAND THAT MY CHILD MUST MAINTAIN GOOD GRADES AND GOOD RELATIONS WITH THEIR TEACHERS AND ADMINISTRATION. I GIVE CONSENT FOR MY CHILD TO RUN FOR OFFICE.

SIGNED (PARENT) _____

DATE: _____

I (STUDENT) _____ WILL ABIDE BY ALL SCHOOL RULES AS WELL AS SKILLSUSA RULES IF I AM APPOINTED TO AN OFFICE.

SIGNED: _____

DATE: _____

ATTACH FOUR TEACHER RECOMMENDATIONS TO THIS APPLICATION.