

National Voting Delegate Application

PLEASE TYPE!

PLEASE INCLUDE DIGITAL PHOTO, COMPLETED APPLICATION, AND ESSAY.

Name _____

School _____

Home Address _____

School Address _____

City _____ ZIP _____

City _____ ZIP _____

Home Phone (____) _____

School Phone (____) _____

Date of Birth _____

Career-Technical Program _____

Father's Name _____

Did you attend Delegate Training or Elections at Fall Conference? _____

Mother's Name _____

Did you serve as a Delegate or Candidate at State Conference? _____

Shirt Size _____

Delegate Responsibilities, Duties and Endorsements

I am aware, if I am selected as a National Voting Delegate, that I will be required to attend a variety of state and national functions at the discretion of SkillsUSA Ohio and the national office of SkillsUSA. I understand that to become a National Voting Delegate, I must submit this application and must have attended the mandatory requirements listed above. All paperwork for Nationals must be completed by May 15, and I will be required to attend a one-day training session in Columbus in June.

This application is correct to the best of my knowledge. I have read and understand the responsibilities and duties of a national voting delegate and agree to perform those duties as assigned to the best of my ability. Additionally, it is understood that if my grades fall below a "C" average in any subject area, I may not be permitted to participate in SkillsUSA activities.

We hereby understand the name of the student on this application is worthy of representing Career-Technical Education as a National Voting Delegate for SkillsUSA. We understand that this student must be a paid SkillsUSA member. I realize if this student is selected, **it is mandatory that they attend the national conference. It is the responsibility of the school to provide transportation to and from the conference and to pay all expenses for the national conference.** This applicant currently has at least a "C" average in all subject areas.

Signature of Voting Delegate

Signature of Parent/Guardian

Signature of Administrator

Signature of Career-Technical Instructor

Signature of Academic Instructor

If an individual is disabled and needs special assistance or accommodations, please contact the Ohio SkillsUSA Office no later than May 1st. The Ohio Department of Education does not discriminate on the basis of race, color, national origin, sex, religious, age or disability in the provision of services.

Return by May 15, 2021, to:

Tamyra.plotts@education.ohio.gov

SkillsUSA Ohio

25 S. Front Street, MS 608

Columbus, OH 43215

National Voting Delegate Application
(Continued)

1). Why do you want to be a National Voting Delegate?

2). What is SkillsUSA?

3). What Leadership Experiences have you previously had both in and out of SkillsUSA?

In a one-page essay, please explain what professional goals you hope to accomplish by becoming a SkillsUSA National Voting Delegate; and what you hope to bring back to your State Association of SkillsUSA, schools, and communities if elected.