

# *SkillsUSA Ohio State Staff Application*

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

School Position: \_\_\_\_\_ Supervisor    \_\_\_\_\_ Teacher

Teaching Area: \_\_\_\_\_

1. Please list below the ways you have been active with Ohio SkillsUSA in the past.

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2. In your own words, please explain why you are interested in serving as SkillsUSA Ohio State Championships (SOC Staff).

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**Required State Staff Activities/Events:**

- Fall State Staff Meeting- (September/October) 1 Day
- State Staff Prep Meeting and State Stakeholder Meeting (January/February)- 2 days
- SkillsUSA Ohio State Championships (April)-(Sunday-Wednesday)-4 days

**Endorsements**

We submit the name of the individual listed on this application as a person worthy of representing the Ohio Association of SkillsUSA and our school district. Should attend the State Fall Conference, regional and state SkillsUSA Ohio activities listed above as a representative of SkillsUSA Ohio. Failure to attend functions and/or perform the duties of his/her position shall lead to removal of the advisor by the SkillsUSA Ohio Assistant State Director, after consultation with, and agreement of, the Assistant Director of Trade and Industrial Education.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Principal,  
Supervisor or Director

\_\_\_\_\_  
Signature of District  
Superintendent

***Note: This application is not valid unless all signatures are affixed.***  
***Please return to: Ohio SkillsUSA, 25 S. Front Street, MS 608, Columbus, Ohio 43215***  
***Phone: 614-604-6150 Fax: 614-644-6720***