

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.

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

Required State Staff Activities/Events:

Fall State Staff Meeting- (October) 1 Day

State Staff Prep Meeting and State Stakeholder Meeting (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: 614-466-8782 Fax: 614-644-6720*