



RESPONSIBILITIES AGREEMENT FORM

Please type or neatly print all requested information:

Name _____

School _____

School Address _____

Program of Study _____

Candidates must comply with each of the following. Your signature, below, indicates agreement with each statement.

- I am a full-time student of the above named school
- I am an active member of SkillsUSA
- Uphold the ideals and purposes of SkillsUSA by dedicating myself to promoting a positive image for the SkillsUSA organization
- Always present myself in a professional manner
- Communicate clearly and often with the State Director and my fellow officers
- I understand the duties and responsibilities of the office for which I am a candidate
- I have arranged for transportation
- As indicated by the signature below, I have permission from my school administration to attend:
 - Tennessee Leadership Training Institute (November)
 - SkillsUSA Executive Committee meetings (as scheduled)
 - State Leadership and Skills Conference (April)
 - National Leadership and Skills Conference (June)
 - Tennessee Leadership Training Institute, following year (November)
- I have attached a letter of recommendation from my school administrator.
- I have attached a letter of recommendation from my chapter advisor who personally recommends me for this position.
- I agree to abide by the event dress code as determined by the SkillsUSA State Director.

I understand the duties /responsibilities of state office, and if elected, agree to fulfill them to the best of my ability.

Candidate Signature

We understand the duties/responsibilities of state office and agree to support the named candidate if elected.

Chapter/Advisor Signature

School Administrator Signature