

# National Voting Delegate Application

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 elected 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 June 1st, and I will be required to attend a one-day training session in Columbus on June 13<sup>th</sup>.

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 June 1<sup>st</sup>. The Ohio Department of Education does not discriminate based on race, color, national origin, sex, religious, age or disability in the provision of services.*

**Return by June 1, 2025, to: [events@ohioskillsusaohio.org](mailto:events@ohioskillsusaohio.org)**

***National Voting Delegate Application***  
(Continued)

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

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2). What is SkillsUSA?

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

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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.