

## *SkillsUSA Ohio State Advisor 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 this position.

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### **Regional and State Activities:**

State Advisor Training (November/December)-1 Non-School Day

Regional competition (February/March)-1 day

State Fall Conference (October/November)-2 School Days and 1 Non-School Day

Skills Ohio Championships (April)-3 School Days and 1 Non-School Day

### **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*