



STATE EDUCATION TEAM APPLICATION FORM

General Information:

Name _____

Training Program _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone () _____ School Fax () _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address _____

(please circle) T-shirt size: S M L XL 2XL 3XL 4XL
 Polo Size: S M L XL 2XL 3XL 4XL
 Polo Style: Men Women

State Education Team Opportunities:

Review the SkillsUSA Technical Standards and Contest by Cluster (<http://bit.ly/Contests2020>) to select contests you would like to support.

First Choice: _____

Second Choice: _____

Third Choice: _____

Employment Background

How many years have you been an instructor? _____

Were you employed in your trade prior to teaching? If so, how many years of working experience do you have in your trade? _____

Did you complete a certificate or degree program for your trade? If so, please list school, certificate or degree, and year of completion. _____

What courses do you currently teach? _____

SkillsUSA Background

How long have you been involved with SkillsUSA? _____

Are you currently a registered SkillsUSA Professional Member? _____

Tell us about your involvement with SkillsUSA in your school or region. Have you been involved in state or regional SkillsUSA competitions? Explain: _____

I have read the requirements of a State Education Team member and agree to uphold the requirements of the position. I understand the expectations and will support the SkillsUSA Florida Championships to the best of my ability.

Signature of Applicant _____ Date _____

Administration Support Statement:

I understand that the educator listed above is applying for the State Education Team, and I have reviewed the requirements of the position. By signing below, I endorse their application to be a part of the State Education Team and will support their efforts to uphold the standards and principles of SkillsUSA.

School/District Administrator Name (please print) _____

Administrator Signature _____ Date _____

This completed and endorsed application form should be sent by January 1 to:

Jessica Donelan Graber, State Director
jgraber@skillsusafl.org