THOROUGH REVIEW OF THE ENTIRETY OF THIS HANDBOOK IS COMPULSORY FOR SUCCESS AS AN OFFICER CANDIDATE

OFFICER APPLICATION AND ALL SUPPORTING DOCUMENTS DUE IN THE STATE OFFICE Prior to your Regional Contest.

JOIN THE SKILLSUSA OFFICER TEAM
Thank you for considering candidacy for the SkillsUSA Florida State Officer Team. This is an excellent opportunity to develop your leadership skills and professionalism essential for successful career. Please strongly consider running for state office only if you are organized, motivated, and eager to work as a team, show initiative, exhibit high moral and ethical standards and have a desire to serve others. Be ready to make SkillsUSA your first priority and be willing to present a favorable image on behalf of our organization.

SkillsUSA seeks qualified candidates for the State Officer Team. If you wish to improve on the areas of social maturity, communication, initiative, integrity, enthusiasm and teamwork, you may be state officer material!
CONTENTS OF OFFICER CANDIDATE APPLICATION PACKET

- SkillsUSA Florida State Officer Candidate Guidelines page 4
- Application Review & Notification of Acceptance Information page 4
- Procedure for becoming a SkillsUSA State Officer page 5
- Application Packet Check-List page 7
- State Officer Candidate Application/Nomination Form page 8
- State Officer Candidate Commitment Form page 9
- States Officer Expectation Form page 10
- Advisor/Administrator Expectation Form page 11
- State Officer Code of Conduct page 12
- Officer Candidate School Grades Check Sheet page 13
- Officer Candidate Questions page 14
- State Officer Information Form page 15
- State Officer Candidate Resume/Activity Form page 16
- Medical Liability Release Form page 17
- Video/Photo Release Form page 18
STATE OFFICER CANDIDATE GUIDELINES

ARE YOU ELIGIBLE TO RUN FOR OFFICE?

To be eligible for office, you must be currently enrolled in a Career and Technical Education (CTE), Engineering and Mathematics Education (STEM), or training programs associated with official SkillsUSA Skills Competitions.

All candidates must carry a scholastic average G.P.A of 2.5 or higher (on a 4.0 basis) and a 3.0 or higher in your CTE/STEM Class for each previous three completed semesters of school (Including comprehensive high schools and CTE training program)

All students must be attending a school during the 2020-2021 school year that currently has a SkillsUSA Chapter registered with both the National and State Office.

Submission of school transcript required with the candidate’s application.

Secondary State Officer Candidates must be returning students in their CareerTech training program as a secondary student during the 2020-2021 school year. Example: Candidate is currently enrolled as a junior student and will be returning as a high school senior during the 2020-2021 school year.

Postsecondary State Officer Candidates must be returning students in their CTE training program as a postsecondary student during the 2020-2021 school year. Examples: Candidate is currently enrolled as a graduating high school senior and returning the following school year (2020-2021) as a postsecondary student, or currently enrolled as a postsecondary student and returning the following school year (2020-2021) to complete their training. *Candidates must be committed to completing the entire 2020-21 school year.*

This officer candidate application packet contains some very important information. Carefully read it prior to completing the forms. Once you have thoroughly reviewed the packet, provide all the required information and return electronically by email DMoye@SkillsUSAFL.org postmarked prior to your regional contest. Entire application must be typed (Except required signatures).

APPLICATION REVIEW & NOTIFICATION OF ACCEPTANCE

1. Each candidate’s application forms and materials will be carefully reviewed for accuracy and completeness. Candidates who submit handwritten, incomplete and/or late application forms and materials will be automatically eliminated from consideration as a candidate.

2. Applicant and applicant’s local advisor will be emailed confirming acceptance as a nominee for the State Officer Team.

3. Candidates will be contacted by the State Office at least 1 month prior to State Leadership and Skills Conference with additional information on running at the State Conference for a position of Officer.

4. A final review and acceptance will be done once all materials (campaign) are submitted.

5. Positions of the State Officers will be determined at State Officer Training, July 2020.
PROCEDURE FOR BECOMING A SkillsUSA STATE OFFICER

1. **To Qualify for State Officer Candidacy:**
   a. Complete, sign and submit the State Officer Candidate Application Form and all other required documents by the specified date.
   b. Run to be their regions representative (at least four will be selected two high school and two post-secondary) during the regional delegate session.
      i. If there are any regions that do not choose two representatives, additional members may declare to run from the floor provided they have a complete packet and obtained permission from their Regional Coordinator by the deadline for all state officers.
   c. Submit all application materials to the SkillsUSA Florida State Office, postmarked by prior to your regional contest. **DO NOT SUBMIT APPLICATION VIA FAX.**
      Application should be submitted via email to DMoye@SkillsUSAFL.org
   d. Meet all academic (GPA) requirements.
   e. Commit to attending all required SkillsUSA events and activities if elected.

2. **Campaigning and Delegate Session for candidates making the ballot**
   Any violation to the campaign guidelines will result in disqualification.
   - **ABSOLUTELY No campaigning for office may take place prior to the “Meet the Candidate” event on Monday, April 8th or prior to the Delegate Session at the State Leadership and Skills Conference.**
   - **Campaigning of any type whether verbal, texting, email, social media, or any other means prior to the “Meet the Candidate” session by anyone including the candidate, advisor, or school will result in disqualification of candidate.**
   - There will be two “Meet the Candidates Sessions” and two Delegate Sessions.
   - During the first Delegate Session Candidates will give a (maximum) two-minute speech. Introducing themselves to all the delegates and campaigning for the office of their choice.
   - At the second Delegate Session, Candidates will give a campaign speech of one minute or less.
   - Candidate response to a problematic question will take place immediately after each candidate’s second campaign speech. (Limited to a 1 minute response)
   - During the Problematic Question section of delegate session, candidates will be kept in a sequestered room and be escorted to and from the delegate session.
   - A short meeting (announced) will be held prior to the “Meet the Candidate Session” to provide additional instructions, rules and guidelines for the session. Only the Officer Candidate, their Campaign Manager (1) and their Advisor (1) will be allowed in this meeting.
   - The 30-minute “Meet the Candidate Session” will be held prior to the Delegate Session at the State Leadership and Skills Conference. Voting delegates will use this time to visit with either the candidates and/or the campaign managers.
• Campaign material allowed only in the voting delegate session area during the designated time.
• Each candidate will be provided a campaign space in the designated campaign area. In this space, the candidate or their campaign manager, will setup a self-supporting bulletin board that is no larger than 3’ x 2’. The candidate is responsible for providing the board and an easel.
• NOTE: Campaigning is only allowed in this assigned area.
• Candidates and/or their managers will be allowed 30 minutes to setup their campaign display and other materials. No tables will be provided.
• During the “Meet the Candidate Session”, the candidate and their manager (1) – only are permitted to distribute campaign materials.
• A maximum of $75.00 (purchased, donated, or borrowed) may be spent on the entire campaign. This amount also includes the materials used on the display board. The fair market value of all donated materials must be included in the $75.00 (excluding the cost of the easel).
• No candy, gum or food items will be allowed.
• No items containing liquid of any type are allowed.
• No items making noise will be allowed.
• An example/copy of all campaign materials must be submitted via email to DMoye@SkillsUSAFL.org prior to March 27, 2020
• A letter signed by the local school administrator containing an itemized list of all campaign expenses must be supplied to the chairperson of the voting delegate session. This letter shall be given to the chairperson no later than the Officer Meeting prior to the first “Meet the Candidate” reception. At the end of this reception, all candidates must report to the candidate area in the Delegate Session.
• No campaign materials may be left in the “Meet the Candidates” area or in the Delegate area. All Candidates and the Campaign Manager shall clean up these areas. Any materials found may result in the disqualification of the Candidate.
• A campaign committee will assist with the delegate session.
• Props are allowed during the candidate’s speech if it is relevant to the campaign, follows the campaign guidelines, is approved by the campaign committee and fits in their pocket.
• Shortly after Officer Candidates have completed their campaign speech, voting delegates will vote to elect the State Officers to the declared offices by ballot.

3. Announcement of Election Results
• Results of election and new officers will be installed during the Awards Ceremony, during the 2020 SkillsUSA Florida State Leadership and Skills Conference.
• A brief new officer meeting will be held following the conclusion of the Awards Ceremony.
• Officer Candidates may be asked to assist with the Awards Ceremony held during the 2020 SkillsUSA Florida State Leadership and Skills Conference.
APPLICATION PACKET CHECKLIST
(ALL ITEMS BELOW DUE PRIOR TO YOUR REGIONAL CONTEST DEADLINE)

ALL Application Packet Materials listed below must be scanned and emailed to David Moye at DMoye@SkillsUSAFL.org, and placed in an enveloped, paper clipped together (DO NOT STAPLE) and brought to the SkillsUSA Florida State Leadership and Skills Conference. **DO NOT FAX APPLICATIONS** No additional pages or materials outside the items listed above should be included in this packet.

**Included in packet:**
- State Officer Candidate Application/Nomination Form
- Advisor/Officer Candidate Commitment Form
- State Officer Expectation Form
- Advisor, Administrator School Expectation Form
- State Officer Code of Conduct
- Officer Candidate School Grades Check Sheet
- Officer Candidate Questions (submitted via google form at http://goo.gl/forms/NRp0ohfFlw)
- Officer Candidate Information Sheet
- State Officer Candidate Resume/Activity Information Sheet
- Medical Liability Release Form
- Video/Photo Release Form

**Provided by officer candidate, to be included with application and all other required documents:**
- “Passport” style “color” picture of candidate (Head and Shoulders only with head centered in photograph). Must be at least 3” x 3”. Can be printed on normal printer/copy paper.
  - Photo paper not required. Should also be scan as a separate file and submitted electronically.
- Proof of SkillsUSA Membership
- School Transcript (Previous three (3) completed grading periods for all CTE and Comprehensive High School classes)
- Three Letters of Recommendation. For the 3 Letters of Recommendation – one must be from your local chapter advisor and one from a CTE Administrator of sponsoring school. Make sure these letters are included in your application packet.
STATE OFFICER CANDIDATE APPLICATION/NOMINATION FORM
All information MUST BE TYPED

Name of Candidate: ________________________________

Which position are you running for as an officer candidate?

☐ Secondary State Officer Candidate  ☐ Postsecondary State Officer Candidate

Officer Candidate Information
Applicant’s home phone number: ________________________________
Applicant’s email address: ________________________________
Home address: _______________________________________________
City: __________________ State: __________________ Zip Code: ________

SkillsUSA Advisor and Instructor Information
SkillsUSA Advisor’s Name: ________________________________
Advisor’s email address: ________________________________
Advisor’s office number: ________________________________
Instructor’s Name (If different): ________________________________
Instructor’s office number (If different): ________________________________

Applicant’s Parent or Guardian Information
Parent or Guardian Name: ________________________________
Parent/Guardian home phone: ________________________________
Parent/Guardian cell phone: ________________________________

School Information (Complete all that apply)
Center and Campus: __________________________________________
School/Technology Center Address: ________________________________
City: __________________ State: __________________ Zip Code: ________
Administrator Name: ________________________________
Administrator Email address: ________________________________
Office phone: __________________
Administrator cell phone: __________________

(For emergency use only)
SkillsUSA OFFICER CANDIDATE COMMITMENT FORM

Desire and willingness to work are major qualities a state officer must possess. Please be sure you have the desire to do your part and are willing to devote your time and efforts for a full year of service to SkillsUSA if elected. Please read the commitment form carefully and review all required dates of SkillsUSA events and activities for State Officers. The candidate, advisor, School Administrator and Parent/Guardian are required to sign this form with the understanding that:

1. Elected State Officer will attend all required events
2. State Officer may be removed from office if he/she does not satisfactorily follow the standards listed below.
3. State Officer Team will travel together (as much as possible) by airline to and from the National Leadership and Skills Conference and the Washington Leadership Training Institute in Washington D.C.
   - Airline tickets to both events will be secured by the state office to ensure the entire officer team travels together.
   - Note: All other expenses such as housing, meals, registration, etc., while at a state sponsored events will be covered by SkillsUSA Florida. SkillsUSA Florida will not pay for advisors/chaperones to travel with officers. Each school is responsible for advisor/chaperone travel costs.

Required Activities for SkillsUSA State Officers

- April 19 - 21, 2020  State Leadership and Skills Conference, Pensacola, FL (Required)
- June 21-26, 2020  National Leadership and Skills Conference, Louisville, KY (by invitation)
- July 12-16, 2020  New State Officer Training, Location TBT (possibly July 19-23, 2020) (required)
- TBA  Florida Association of Career and Technical Education (invitation)
- Sept. 2020  Regional Leadership Training Workshops (varies by region)
- Oct. 2020  State Leadership Training Workshop
- Jan/Feb 2021  Regional Competition (varies by region)
- April 9-14, 2021  SkillsUSA State Leadershps and Skills Conference, Jacksonville, FL
- June 18, 2021  National Leadership and Skills Conference, Atlanta, GA (invitation)

__________________________________________________________     ___________________
Type Name of Student                          Signature of Student                          Date

__________________________________________________________     ___________________
Type Name of Advisor                          Signature of Advisor                          Date

__________________________________________________________     ___________________
Type Name of Parent/Guardian                  Signature of Parent/Guardian                  Date

__________________________________________________________     ___________________
Type Name of School Administrator            Signature of School Administrator (Sponsoring School)                  Date

__________________________________________________________     ___________________
Name of Comprehensive High School Administrator            Signature of School Comprehensive High School Administrator                  Date
FLORIDA SkillsUSA STATE OFFICER EXPECTATIONS

- State officers should maintain a positive team attitude and use their knowledge and skills to provide life changing leadership experiences for all SkillsUSA Florida members.
- Continually give encouragement to fellow officers and all members.
- Avoid negative words, gestures and thoughts.
- Respect each other’s feelings, thoughts and ideas.
- Keep all lines of communication open, be open with each other, and speak your mind.
- Share knowledge and expertise with others.
- Be a positive example to all members.
- Be honest in your thoughts, words and ideas.
- Remember that you are a state officer 24/7, and your actions, dress, and grooming should reflect the pride you have in the organization.
- Maintain a positive attitude and continually work toward building a strong team.
- State officers shall be willing to take and follow instructions as directed by those responsible for them.
- State officers shall avoid places and actions, which in any way could raise questions as to moral character or conduct. This includes activities and incidents away from SkillsUSA sponsored activities.
- Attend all required activities with a smile on your face and a willingness to serve all members of SkillsUSA.

I understand all expectations required of a SkillsUSA State Officer, the local advisor, and the local school administration and I am committed to this responsibility.

__________________________________________________________
(Officer Candidate’s Signature) (Date)

__________________________________________________________
(Advisor’s Signature) (Date)

__________________________________________________________
(Parent/Guardian Signature - Secondary Officer only) (Date)

__________________________________________________________
(Sponsoring School Administrator) (Date)
EXPECTATIONS OF THE SkillsUSA ADVISOR, ADMINISTRATOR AND SCHOOL

• See to it that the state officer follows his/her expectations.
• Track grades and report them to the State Office.
• Insure that the State Officer attend all meetings, trainings, and conferences during the term of office and accept responsibilities as a SkillsUSA Advisor.
• Serve as the state officer’s positive role model with dress, language, habits, assistance, ethics, etc.

☐ Check here if your district or school has Chaperone requirements that differ from what is provided by SkillsUSA Florida.
If yes, please describe ____________________________________________________________

I understand all expectations required of a SkillsUSA State Officer, the local advisor, and the local school administration and I am committed to this responsibility.

___________________________________________________________________________
__________________________
(Officer Candidate’s Signature) (Date)

___________________________________________________________________________
__________________________
(Advisor’s Signature) (Date)

___________________________________________________________________________
__________________________
(Parent/Guardian Signature - Secondary Officer only) (Date)

___________________________________________________________________________
__________________________
(Sponsoring School Administrator) (Date)

IMPORTANT NOTE:
The State will provide chaperones from SkillsUSA Florida. Sponsoring School is responsible for all travel expenses and travel arrangements for additional school chaperones, as required by the student’s school and/or district.
SKILLSUSA FLORIDA CODE OF CONDUCT

By accepting the positions of my elected office, I agree to abide by the following guidelines:

1. Maintaining a cooperative attitude and by respecting the thoughts and ideas of each member of the team.
2. To place boy/girlfriend activities second to fulfilling my officer responsibilities.
3. I will take and follow instructions as directed by the SkillsUSA State Director and State Officer Advisors.
4. Forego use of all alcohol, tobacco, and non-prescriptive drugs while involved in any official or unofficial activity that represents SkillsUSA.
5. Maintain proper cleanliness and personal grooming at all times.
6. Use proper grammar in speeches and informal conversations.
7. Avoid participating in and actively discourage any conversation which belittles or downgrades any SkillsUSA member, Officer Team member, SkillsUSA Advisors, or SkillsUSA Director.
8. Keep myself up-to-date on current events.
9. Be willing to commit the ENTIRE year to State SkillsUSA Officer activities and to properly perform duties of my elected office.
10. Be willing and able to travel without involvements that create conflicts at home, work, or school.
11. Maintain acceptable grades and attendance in home high school and tech program to ensure my ability to participate in officer activities.
12. Be willing to act as a POSITIVE role model at my home high school and technology center by refusing to participate in conversations that downgrade students and teachers.
13. Avoid language, behavior, places, or activities, which in any way would raise questions related to my moral character or conduct.
14. Keep your local SkillsUSA Advisor and/or instructor informed of ALL State Officer responsibilities, and work with them to arrange transportation to/from Officer Obligations, as required.
15. Be willing to work to develop myself into an effective public speaker and to project a desirable image of SkillsUSA at all times. Search out and accept evaluations of my performance.
16. Be prompt with all thank you notes, letters, reports and other correspondence that is necessary and desirable.
17. For my term of office, an authorized adult such as my advisor, parent or guardian must review any content I post on Snapchat, Facebook, YouTube or any other social media. I also understand that these websites will be monitored, and I may be requested to remove material.
18. As a State SkillsUSA Officer, I must attend all meetings and activities deemed necessary by the SkillsUSA State Director.

I understand that any failure on my behalf to comply with ANY of the above stated guidelines may result in my immediate dismissal from office.

__________________________  ________________  _________________________  ____________
(Officer’s Signature)        (Date)          (Parent’s Signature –HS Candidates only)  (Date)

__________________________  ________________
(Advisor’s Signature)        (Date)

__________________________  _________________________
(Sponsoring School Administrator)  (Date)
SkillsUSA FLORIDA STATE OFFICER CANDIDATE GRADE CHECK

Candidate Name

School Name

SkillsUSA Advisor

(Check One) [ ] Secondary [ ] Postsecondary

Overall GPA

Academic GPA

CTE GPA

Please attach an official copy of Officer Candidate’s transcript. It should detail at least the last three grading periods.

_________________________________________________________ ________________
(Officer’s Signature) (Date)

_________________________________________________________ ________________
(Parent’s Signature – Secondary Candidates only) (Date)

_________________________________________________________ ________________
(Advisor’s Signature) (Date)

_________________________________________________________ ________________
(Sponsoring School Administrator) (Date)
SkillsUSA FLORIDA STATE OFFICER CANDIDATE QUESTIONS

Please go to the following site and respond to the following questions:

http://goo.gl/forms/NRp0ohfFlw

What does SkillsUSA mean to you?

What does it mean to be a leader?

Why is Career and Technical Education important to society?

Specifically describe why you wish to become a SkillsUSA Florida State Officer.

What qualifications do you have that will make you an excellent State Officer?

What other time commitments do you have that may challenge your ability to complete your State Officer work and how do you plan to balance these responsibilities?
STATE OFFICER INFORMATION SHEET

PLEASE PRINT CLEARLY.....this information may be used to print business cards and officer shirts. We need to be able to do them correctly the first time!!

Name: ___________________________ Birthday: ___________________________
Home Phone: ___________________________ Cell Phone: ___________________________
Home Address: ___________________________ Email Address: ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
School and Campus: ___________________________
Program/Class at Tech School or College: ___________________________
Instructor Name: ___________________________
Instructor Cell Phone: ___________________________
SkillsUSA Advisor Name (If different): ___________________________
Advisors Cell Phone: ___________________________
Parent or Guardian: ___________________________
Parent or Guardian Cell Phone: ___________________________
Parent or Guardian: ___________________________
Home Phone: ___________________________

Shirt Sizes (Check One)

T-Shirt Size: □ Small □ Medium □ Large □ XL □ 2XL □ 3XL □ 4XL □ 5XL □ Other_____

Polo Shirt

Size: □ Female □ Men

Polo Shirt Size: □ Small □ Medium □ Large □ XL □ 2XL □ 3XL □ 4XL □ 5XL □ Other_____
STATE OFFICER CANDIDATE RESUME/ACTIVITY INFORMATION

Candidate Name __________________________

☐ Secondary Student      ☐ Postsecondary Student      Number of Years in SkillsUSA __________

CTE/STEM Program Enrolled

SkillsUSA Offices Held

SkillsUSA Activities

School Activities

Community Activities

Future Goals

Is there anything else you wish us to know about you?
MEDICAL INFORMATION AND LIABILITY RELEASE FORM

(PLEASE TYPE ALL INFORMATION)

Student Information
Student Name: ___________________________ Date of Birth: ________ Gender: _______ Grade: ________
Home Address: _____________________________________________ City: __________ State: __________ Zip Code: __________
Cell Phone: __________ Email Address: __________
Place of Employment: _____________________________________________
Work Address: _____________________________________________ City: __________ State: __________ Zip Code: __________

Parent/Guardian Contact Information
Parent/Guardian Name(s): ___________________________ Relationship: ________
Telephone: Home: __________ Work/Ext: __________ Cell: __________
Preferred contact phone in case of emergency: __________ Email Address: __________
Home Address: _____________________________________________ City: __________ State: __________ Zip Code: __________
Place of Employment: _____________________________________________
Work Address: _____________________________________________ City: __________ State: __________ Zip Code: __________

Alternate Contact Information Name: ___________________________
Telephone: Home: __________ Work/Ext: __________ Cell: __________
Preferred contact phone in case of emergency: __________ Email Address: __________
Home Address: _____________________________________________ City: __________ State: __________ Zip Code: __________
Place of Employment: _____________________________________________
Work Address: _____________________________________________ City: __________ State: __________ Zip Code: __________

Doctor’s Information
Student’s Physician: ___________________________ Office Phone: __________
Office Address: _____________________________________________ City: __________ State: __________ Zip Code: __________

Medical Insurance Information
Is student covered by group or medical insurance? Yes _____ No _____ (if yes, complete the following) (if not, skip the next section)
Name of Insured: ___________________________
Insurance Company: ___________________________
Group Number: ___________________________ Policy Number: ___________________________

Students Medical Information (Please completely describe any medical condition which may recur or be a factor in medical treatment)
Allergies: ___________________________ N/A ________ Physical: N ________
Handicap: ___________________________
Medicine Reactions: N/A ________
Blackouts: ___________________________
Convulsions: N/A Disease of Any Kind: N/A
Heat & Lung Problems: N/A Other (Be specific): N/A

If currently taking medication, please provide the following information: Name of Medication(s): N/A

PARENT/GUARDIAN: Please check one of the following and sign your name.

[ ] Should it be necessary, I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

[ ] I do not give permission for medical treatment until I have been contacted.

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I hereby release to SkillsUSA State Office, the National Staff, State and Local SkillsUSA advisors, local school staff, ODCTE staff, and any designated individual or group in charge of the SkillsUSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child’s participation in or contact with any known element associated with an activity including competitive events.

Parent/Guardian’s Signature: ________________________________ Date: __________________________

Student’s Signature: ________________________________ Date: __________________________
VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE

I hereby give and grant to the SkillsUSA Florida the absolute and unconditional right to use, publish, display, electronically distribute and/or reproduce in any manner, video/recorded voice/photographs, in which I appear, including the right to edit or use a portion of such video/recorded voice/photographs that positively promotes the image and benefits of career and technology education through educational, trade materials and/or the SkillsUSA Florida/Florida Department of Career and Technology Education web site or social media sites.

I hereby waive any right, to inspect or approve the finished video/recorded voice/photographs, or any finished materials, copy or other matter which may be used in conjunction with, or the manner in which any of the same are used, reproduced, published, or displayed.

I further release the Florida Department of Career and Technology Education and/or SkillsUSA Florida from any liability whatever that may occur or be produced in the talking, reproducing, publishing, showing, or displaying of said video/recorded voice/photographs, and agree that the Florida Department of Career and Technology Education and/or SkillsUSA Florida shall be the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant others permission to use them.

I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way.

Student’s Name (Please Type):

Student’s Signature: ___________________________ Date: _______________

Secondary Candidates only:

Parent’s Name (Please Type):

Parent/Guardian’s Signature: ___________________________ Date: _______________