

**BOARD OF DIRECTORS
DECLARATION OF CANDIDACY
SkillsUSA Nebraska**

NAME _____
SCHOOL _____
ADDRESS _____
CITY/STATE _____ ZIP _____
HOME PHONE _____ SCHOOL PHONE _____
E-MAIL _____ FAX _____

(Number of years experience)

TEACHING EXPERIENCE _____ ADVISOR EXPERIENCE _____
ATTENDED Mid-America _____ ATTENDED FLC _____

SUBJECT AREAS TAUGHT

1. _____
2. _____
3. _____
4. _____
5. _____

Describe any specific experience, activities or accomplishments which you feel will benefit you in your performance as a member of the SkillsUSA Nebraska Board of Directors.

All candidates should be aware of the responsibilities and requirements involved with the Board of Directors position. See Article VIII in the Bylaws of the SkillsUSA Nebraska, Inc. In order to meet the responsibility of the position, it is sometimes necessary to have release time from school. School administrators should agree to such support before a candidate runs for the position.

I hereby state that the information contained herein is true, and if elected to the Nebraska SkillsUSA Board of Directors, I will accept the responsibilities of the position and shall serve to the best of my ability.

Signature

Date

Return by e-mail (download and attach a file to your e-mail) to:

greg.stahr@nebraska.gov

or FAX to Greg Stahr at 402-471-0117