

State Officer Code of Conduct

It is the responsibility of all SkillsUSA South Carolina State Officers to conduct themselves in a proper, businesslike manner at all times.

1. All officers are expected to attend and be on time for all meetings and events during the year.
2. All officers shall behave in a courteous and respectful manner; refrain from language and actions that might bring discredit upon them, their school, and their families or upon SkillsUSA South Carolina.
3. Officer conduct not conducive to a business environment will not be allowed. Such conduct includes, but is not limited to, actions disrupting a business-like atmosphere, association with non-conference individuals, or activities that endanger self or others.
4. All officers, participants, and guests shall abide by the dress code at any function sponsored by SkillsUSA South Carolina.
5. There shall be no defacing of public property. The individuals responsible must pay any damages to the property or furnishing in the hotel room or building.
6. If male and female officers visit each other in their hotel rooms at any time, the door must be open. These visits must have prior approval from the State Executive Director or Leadership Team, and an advisor must be present during these visits.
7. All officers will be in their rooms by the designated curfew and will not leave the room after the curfew. Advisors will always do one or more room checks following curfew. Officers may expect the advisor to also follow up with a phone call to the room to check at any hour following curfew.
8. Officers shall keep the State Officer Coordinator(s) and State Executive Director always informed of their activities and whereabouts. Accidents, injuries, or illnesses must be reported to the State Executive Director when they occur.
9. Officers must always travel with a group (never alone) and should not go into hotel stairwells alone, areas that are poorly lit, or areas that have light pedestrian traffic.
10. Officers shall not possess alcoholic beverages, narcotics, tobacco products, vaping products (or anything similar), or firearms in any form, at any time, under any circumstances.
11. Use of tobacco products or the like is prohibited by all officers.
12. Officers of SkillsUSA South Carolina are prohibited from posting inappropriate or offensive materials on the Internet including personal websites, blogs, social media, etc. If inappropriate or offensive materials are found to exist, the officer will be asked to remove the material.
13. Officers must abide by the dress code established by the State Executive Director during SkillsUSA events.
14. Mandatory attendance is required of state officers at any sessions at any event where the officer is representing SkillsUSA South Carolina.
15. School attendance is mandatory when school is in session. Grades must be kept at an above-average level. Any school work missed while on a SkillsUSA event must be made up promptly.

Code of Conduct Agreement

So that everyone may receive the maximum benefits from their participation, the “Code of Conduct” must be followed at all times. Note that participation is not mandatory. By voluntarily participating, you agree to follow the Code of Conduct rules and regulations or forfeit your personal rights to participate.

1. I will, at all times, follow all items listed in the State Officer Code of Conduct and this agreement form.
2. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
3. I will spend each night in the room of the hotel/motel to which I am assigned.
4. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
5. I will not enter any hotel/motel room other than the one to which I am assigned. I understand that I am assigned a hotel room for the sole purpose of overnight accommodation.
6. I will not leave the hotel/motel without the expressed permission of my advisor. Should I receive permission, I will keep my advisor apprised of my location at all times.
7. I will not use alcoholic beverages, tobacco products, or similar. I will not use drugs unless I have been ordered to take certain prescription medications by a license physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person. If there are school or district rules in place as well, I will follow those rules in addition to these.
8. I will not have in my possession any firearms, dangerous weapons, explosive compound, or an object that can reasonable be considered and/or used as a weapon.
9. I will respect SkillsUSA attire and will not inhale or smoke cigarettes, e-cigarettes, use a vape pen, or any other substances while wearing clothing bearing the name/logo of SkillsUSA or on SkillsUSA related business/travel.
10. My conduct shall always be exemplary.
11. I will, when required, wear my official identification badge.
12. I will attend, and be on time for, all general sessions, activities, and meetings that I am assigned to and/or registered for.
13. I will adhere to the dress code at all required times. When there is no dress code, I will dress in an appropriate manner consistent with school or professional dress codes.



Code of Conduct Violations

SkillsUSA South Carolina State Officers may be immediately expelled from any meeting or event for one or more of the following reasons:

- Possession of alcoholic beverages, narcotics, tobacco products, vaping products (or anything similar), or firearms in any form, at any time, under any circumstances.
- Gross violation of male and female room regulations.
- Gross damage to property or violation of hotel safety codes or criminal laws.
- Internet misuse.

SkillsUSA South Carolina State Officer may also be removed from office for one or more of the following reasons:

- Expelled from a meeting or event for the previously listed reasons.
- Failure to attend required meetings or events.
- Failure to follow rules, regulations, and responsibility to act professionally, including school disciplinary guidelines.
- Failure to meet appropriate deadlines without satisfactory explanation.
- Failure to complete any program activities.

By signing, I agree that if, for any reason, I am in violation of any of the rules listed in these code of conduct policies or in violation of any conference, school, or other rules, I may be brought before the appropriate person(s) for discipline. I also agree to accept the penalty imposed on me. I understand that any penalty and reasons for it will be explained to me before it is carried out. I further realize that the severity of the penalty may increase with the severity of the violation, even to the extent of being immediately sent home at my own expense. Parent/Guardians signing agree to the same.

Student Name (Please Print)

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

**Parent/Guardian only needed if student is under 18 years of age.*



Photography, Videography, and Sound Release

I hereby grant SkillsUSA and/or SkillsUSA South Carolina permission to make still or motion pictures and/or videos and sound recordings, separately or in combination, and also give a production company approved by SkillsUSA and/or SkillsUSA South Carolina permission to use the finished silent or sound pictures, and/or sound recordings, and/or video as deemed necessary. Further, I so hereby relinquish to SkillsUSA and/or SkillsUSA South Carolina all rights, title, interest in, and income from the finished sound or silent motion/video pictures, still pictures, and/or sound recordings, digital files, negatives, prints, reproductions, and copies of the originals, negatives, recording duplicates and prints, and further grant SkillsUSA and/or SkillsUSA South Carolina the right to give, sell, transfer, and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting, and stated conditions is voluntary, and I do hereby waive all personal claims, causes of action, or damages against SkillsUSA and/or SkillsUSA South Carolina, and the employees thereof, arising from a performance or appearance.

School Name

Advisor's Name

Student Name (Please Print)

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

**Parent/Guardian only needed if student is under 18 years of age.*



SkillsUSA Personal Liability and Medical Release Form

I hereby agree to release SkillsUSA Inc. and SkillsUSA South Carolina Inc., its representatives, agents, servants, and employees from liability for any injury to the named person, resulting from any cause whatsoever occurring to the named person at any time while participating as a State Officer, including travel to and from planned SkillsUSA events, excepting only such injury or damage resulting from willful acts of representatives, agents, servants, and employees. I do voluntarily authorize the State Officer leaders, advisors, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary in medical judgment. Parents/guardians of participants will allow emergency medical treatment to be administered as needed. Any further treatment will require parental/guardian consultation. I agree to indemnify and hold harmless SkillsUSA Inc. and SkillsUSA South Carolina and its representatives, agents, servants and employees, and/or assistants and designees from any claims, demands, actions, rights or action, and/or judgments by or on behalf of the named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards Having read and understood completely the “SkillsUSA South Carolina State Officer Code of Conduct” of SkillsUSA Inc., I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability apply myself for learning and will uphold, at all times, the finest qualities of a person representing SkillsUSA and SkillsUSA South Carolina.

Note: All persons under the legal age must have a parent or guardian sign the Registration, Personal, and Liability Release Form. If you are age 18 or older, please indicate that on the form. Otherwise, this form will be returned for a parent/guardian signature. All participants must sign this form.

Participants: Be sure that you understand the “SkillsUSA South Carolina State Officer Code of Conduct”. Any person violating these rules may be sent home at their own expense, may cause other participants from their school to be sent home, or may otherwise disqualify their participants from participating as a State Officer.



SkillsUSA State Association: South Carolina			Parents'/Guardians' Names (if participant is under age 18):		
Check one: <input type="checkbox"/> Middle School Division <input type="checkbox"/> High School Division <input type="checkbox"/> College/Postsecondary Division			Parent/Guardian Telephone Number (area code required):		
Participant's Name (First, Last) as it should appear on name badge:			School where participant's occupational training/trade are is taught:		
Participant's HOME Address:			Mailing Address of above school:		
City	State:	ZIP Code:	City:	State:	ZIP Code:
Home Telephone (area code req.):		Cell Phone Number (area code req.):	School Telephone Number (area code required):		
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of SkillsUSA Advisor for participant's occupational area:		
Email Address (personal, no school emails):			Participant's Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X - Large <input type="checkbox"/> XX - Large <input type="checkbox"/> XXX - Large <input type="checkbox"/> XXXX - Large		
Name of Teacher/Adult chaperoning participant to conferences:			Teacher/Adult Cell Phone (including area code):		
Does the participant have a disability that meets criteria specified in the Americans with Disabilities Act (ADA)? If so, we will contact you for more information. <input type="checkbox"/> Yes, the participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA). <input type="checkbox"/> No, the participant does not have a disability that meets criteria specified in the Americans with Disabilities Act (ADA).					

Participants over age 18

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, and the Photography and Sound Release agreement, and by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations.

Student Name (Please Print)

Student Signature

Parent/Guardian (Mandatory if participant is under age 18)

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, and the Photography and Sound Release agreement, and by checking the box, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release SkillsUSA's national and state associations. I have provided all necessary medical information to the adult chaperoning my child at events so that this person may act on my behalf in case of medical emergencies.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature



Internet Code of Conduct

As a participant as a State Officer, you represent your school, your state association and the national SkillsUSA association. As you post content to personal and public web pages or social media, as listed in this application, keep in mind that people you do not know, including potential employers or admissions officer, have the ability to review and archive your personal space. These personal sites are being used as a point of reference to your site and social media accounts. Be sure your personal materials, including comments, photographs, video or sound files, are age appropriate and would not embarrass you or those you represent if they were viewed by SkillsUSA and/or SkillsUSA South Carolina staff, business partners, or instructors.

E-mail addresses: If your personal email address does not project a professional image, create a new email address for any SkillsUSA South Carolina correspondence. Be sure to check e-mail daily as opportunities and information are offered via e-mail.

As a State Officer, I will represent SkillsUSA South Carolina with respect. This means that during my participation as a State Officer, any content I post on the internet where SkillsUSA and/or SkillsUSA South Carolina is mentioned or other sites will be reviewed by my advisor, parent, or state executive director. My email address used for SkillsUSA South Carolina related business must be reviewed by an authorized adult such as my advisor, parent, and state executive director. I also understand that these websites and social media will be monitored, and I may be requested to remove material.

If I fail to do so and post inappropriate or unapproved material, I may no longer be able to participate as a State Officer for violating the State Officer Code of Conduct.

I have read and understand the information in this document. I agree to abide by this policy for the duration of any office I have been elected or appointed for SkillsUSA South Carolina.

Student Name	Student Signature	Date
I have read and I understand the SkillsUSA South Carolina State Officer Internet Code of Conduct. I agree to support the guidelines for the above-named student to the best of my ability.		

Parent/Guardian Name	Parent/Guardian Signature	Date
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SkillsUSA Advisor Name	SkillsUSA Advisor Signature	Date
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School CTE Administrator Name	School CTE Administrator Signature	Date
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Candidate Agreement Form

I have read and understand the qualifications of the SkillsUSA South Carolina officers and realize the duties of the officer that I am seeking. As a State Officer, I agree to be present and participate in all required SkillsUSA activities listed below and additional activities requiring my presence during my term of office, as deemed so by the State Executive Director or State Officer Coordinator(s). Also, if elected, I agree to fulfill my duties to the best of my ability. As a SkillsUSA South Carolina State Officer, you will be required to attend the following activities (dates are subject to change). Failure to do so may result in removal from office and financial responsibility for the school:

- State Officer’s Workshops→ In-person in June 2026, location, and exact dates TBD (Day Trip)
- National Officer Training → May 30-June 1st, 2026, Atlanta, GA (Approximate cost for school - \$175)
- National Leadership and Skills Conference (NLSC) → June 2-6, 2026, Atlanta, GA (Approximate cost for school - \$2,500)
- Washington Leadership Training Institute (WLTI) → September 26-30, 2026 (4-day trip, may decide to leave on 20th if desired) (Approximate cost for school \$1,500)
- Fall Leadership Conference Planning Meetings → Various dates between June and October 2026, most or all will be virtual.
- Fall Leadership Conference (FLC) → October or November 2026, location and exact dates TBD (3-day trip) – (Approximate cost \$125 + travel)
- State House Visit & Advocacy Day → February 4, 2027, Columbia, SC
- State Leadership and Skills Conference → March or April 2027, exact dates TBD (4-day trip) – (Approximate cost \$80 plus travel/stay)
- Various speaking engagements and meetings with area schools, business and industry, and community locations.

All State Officer Expenses will be paid by the school.

I certify that I am a member of my local chapter and in good standing within the chapter.

Candidate Signature

Date

As this SkillsUSA South Carolina State Officer Candidate’s Local Advisor, it is without reservation that I recommend them as a SkillsUSA South Carolina State Officer.

Local Advisor Signature

Date

