



## Board of Directors Board Member Nomination Form

Please nominate an individual to represent all SkillsUSA South Carolina's members. The nominee must be committed to the following obligations throughout the year and any obligations specific to their desired position as assigned duties on the board.

- Attend Board Retreat in July (typically 2 days)
- Attend approximately four (4) to six (6) meetings during the year, meetings may occur during the school/workday. Meetings may be virtual or in person.
- Attend and support the multiple conferences and events involving SkillsUSA South Carolina.
- Depending on the position applied for, there may be term commitment periods of up to 3 years.

***\*Please note that all costs are to be covered by the individual board member, business, or school.  
Depending on the position applied for, some commitments may be flexible.\****

Position Applied For: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Business / Company or School Name: \_\_\_\_\_

Current Position / Employment: \_\_\_\_\_

Number of years with current business/school: \_\_\_\_\_

Number of years in current position: \_\_\_\_\_

Number of years in your specific industry: \_\_\_\_\_

Number of years as a SkillsUSA Advisor: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Name of Person Making Nomination: \_\_\_\_\_

Position of Person Making Nomination: \_\_\_\_\_

Description of nominee's qualifications and experience with SkillsUSA and why they would make a good board member.



**Board of Directors  
Board Member Nomination Form**

**Administrator / Supervisor Support**

I agree to support the above nominee for consideration as a member of the SkillsUSA South Carolina Board of Directors. I will provide release time for board meetings and SkillsUSA Conferences. I understand that SkillsUSA South Carolina does not provide any compensation or related expenses for members of the Board of Directors related to these meetings and/or conferences.

Administrator's Name: \_\_\_\_\_

Administrator's Email: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Nominee Signature: \_\_\_\_\_

***Note:*** You may nominate yourself, if so, just put "Self" in the nominator section. If you are an administrator who controls your ability to attend and finance any needs for your position, you may complete the administrator/supervisor section as yourself.

Submit by email to Interim State Director, Jason Warren (jwarren@fairfield1.org), or Board Chair, James Baxley (jbaxley@fsd1.org).