

### Candidate Certification

I certify that I am a member in good standing of the \_\_\_\_\_ Chapter of SkillsUSA New Mexico. I also certify that I will be returning as a member of the above chapter next year. I have read and understand **all of the requirements in my State Officer Candidate Handbook**, and that all information submitted herein is accurate and correct.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

### Candidate/Parent Agreement

#### Candidate/Parent Agreement

If elected, I will attend the required meetings, adhere to the Code of Ethics, actively serve in office to the best of my ability, abide by the Constitution and policies of the SkillsUSA New Mexico and be a student member.

My parents/guardians and I understand the obligations of serving as a New Mexico State Officer/National Candidate - being enrolled in a Career Technical Education class which aligns with my organization or serving as a lab assistant for my chapter advisor during my term of office, attending all meetings or conferences as listed on the Officer Calendar or any other meetings called during my term of office. We further assume the responsibility for all personal expenses, and those not paid by the local, district, or state association. The state or local association will not be held responsible in the event of an accident. If elected, I will serve to the best of my ability and will resign if I fail to fulfill my responsibilities. **Failure to perform to expected standards will obligate repayment of all finances as indicated in my CTSO Policies and Procedures and/or removal from office at the Board's discretion.** I further understand that I will be a role model and spokesperson for my organization and will conduct myself accordingly throughout my term of office at all times. I will abide by the constitution and by-laws of my state organization. Furthermore, I will maintain the grade point delineated in the officer's application for my CTSO.

\_\_\_\_\_  
Candidate's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

Date: \_\_\_\_\_

### Advisor/Principal Agreement

#### Advisor/Principal Agreement

The above candidate is a member in good standing of the \_\_\_\_\_ Chapter of SkillsUSA New Mexico. To the best of my knowledge, all information submitted on, with, or attached to this nomination form is factual and exists as presented. The candidate is enrolled in a state-approved marketing education program.

We understand the commitments inherent in this office and pledge our support and assistance if the candidate is elected. Obligations include attendance at all required meetings (an estimated 22 days, counting those during the summer). By signing below, the advisor and administrator pledge to provide guidance and direction to the candidate during the tenure of office, and understand that the local chapter must remain in good standing with the State and National offices of the Association or the candidate will be asked to resign from office.

\_\_\_\_\_  
Local Advisor's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

Date \_\_\_\_\_

## State Officer Calendar

If elected as a State Officer, I agree to participate in the following events:

Summer	Post Election Officer Training	All Officers
June	Leverage at NLSC National Leadership and Skills Conference	All Officers
October/November	Fall Leadership Conference	All Officers
January	CTSO Day Santa Fe	All Officers
April	State Leadership and Skills Conference	All Officers

Monthly meetings will be set up by the State Officer Coordinator; these may be in person or via electronic means. Other events may be added at the State Officer Coordinator's discretion.

I have read and understand the information above.

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Local Advisor's Signature

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

Date: \_\_\_\_\_

## Local Advisor Guidelines

We appreciate your support in running a candidate for office! You play a key role in developing our officer candidates. In fact, your student is most likely enthusiastic about leading our organization because of the encouragement they received from you! However, having an officer also requires the commitment and dedication of the local advisor. Please review the following and sign the form below to indicate you are aware of your advisor responsibilities in sponsoring an officer candidate:

1. I agree to run only candidates that I feel have the character and maturity to lead SkillsUSA as an officer. I also pledge to encourage our SkillsUSA chapter to fully support our officer during his/her term in office. I have discussed the STATE OFFICER RESPONSIBILITIES with my candidate and feel confident that they are capable of successfully performing all the required tasks.
2. I agree that if my student is to win an office, we will review the officer schedule frequently and I will strongly recommend that he/she make SkillsUSA activities a top priority. We have reviewed the OFFICER CALENDAR and he/she understands that failure to attend required meetings may result in removal from office.
3. I will communicate in a timely manner with the State Advisor, State Officer Coordinator, and Board of Directors to help my student fulfill his/her officers' duties.
4. I will assist my student in returning articles and other officer materials to the State Officer Coordinator in a timely manner.
5. I will discuss travel arrangements with my officer (see the "Officer Calendar") and travel with him/her when necessary. I understand the school is responsible for providing transportation to activities. I have also discussed with this candidate's parent/guardian the travel requirements of the job and we feel that this candidate is capable of traveling unassisted on airlines or we agree to accompany them at our expense when traveling to required events.

We appreciate the valuable role SkillsUSA advisors have in forming our state officer team. The future success of SkillsUSA New Mexico depends upon your ability to recognize leadership skills in your students! Thank you for your support!

\_\_\_\_\_  
Local Advisor's Signature

\_\_\_\_\_  
Date

## **NLSC ( Liability Release) Form**

All SkillsUSA events both State and Nationally use a standard release and expectation form referred to as the NLSC Form. As part of the application packet each candidate must read and sign the NLSC Form. The first page needs to be filled out, signed, and submitted as part of the candidate application. The second page is to be kept for your records. Each candidate, when they submit a completed NLSC Form, agrees to its content for the duration of candidacy and in the event of being selected as a State Officer the duration of Office.



# CONFERENCE REGISTRATION, PERSONAL AND LIABILITY RELEASE FORM

Please read over this entire form. Then, complete the *entire* form. Type or print clearly.

- Participants must wear their name badge *at all times* during the conference.
- They should also carry a copy of their medical insurance card at all times.

**1** Complete this entire section.

Participant's HOME address is required. Do not use the school address as a home address.

Email address is required. Conference information will be sent electronically.

SkillsUSA State Association:			Parents'/Guardians' Names (if participant is under age 18):		
Check one:	<input type="checkbox"/> High School Division (Secondary)	<input type="checkbox"/> Middle School Division	Parents' Telephone Number (area code required): (    )		
<input type="checkbox"/> College/Postsecondary Division			Name of SkillsUSA Advisor for participant's occupational area:		
Participant's Name (First, Last) as it should appear on name badge:			School where participant's occupational training/trade area is taught:		
Participant's HOME Address:	Mailing Address of above school:				
City:	State:	ZIP Code:	Mailing Address of above school:		
HOME Telephone (area code required): (    )	CELL Phone (area code required): (    )	City:	State:	ZIP Code:	
Age:	Date of Birth (MM/DD/YY):	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	School Telephone Number (area code required): (    )		
EMAIL address (to receive important instructions/contest updates before conference):			Participant's T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X		

**2** Contestants only, complete this section.

All others, complete this section.

Check: <input type="checkbox"/> Contestant	Contest in which competing:	
Graduation Year:	Occupational Training/Trade Area in which contestant is enrolled:	
Check one: <input type="checkbox"/> Advisor (Teacher)	<input type="checkbox"/> State Association Director	<input type="checkbox"/> Observer (Student, Family, Child, Other, Etc.) _____
<input type="checkbox"/> Voting Delegate	<input type="checkbox"/> State Office	

**3** Complete this on-site emergency contact/ADA information.

Name of Teacher/Adult chaperoning participant at conference:	Check YES if participant has a disability that meets criteria specified in the Americans with Disabilities Act (ADA): <input type="checkbox"/> YES Describe: _____
ON-SITE Telephone Number of teacher/adult chaperone (area code required): (    )	Check YES if participant has dietary restrictions: <input type="checkbox"/> YES Describe: _____

**4** Complete the signature to signify the participant's agreement to ALL statements on both sides of this registration form.

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, the Release of Personal Information Through Lead Retrieval System statement, and the Photography and Sound Release agreement, and, by signing below, 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 chaperon at this event so that this person may act on my behalf in case of a medical emergency.

<b>PARTICIPANTS — PLEASE SIGN BELOW IF YOU ARE OVER AGE 18 AND ATTEST:</b>	
_____ Signature	_____ Date
_____ Full Name (Please Print)	
<b>PARENT / GUARDIAN / CHAPERONE — SIGN BELOW TO ATTEST (MANDATORY IF PARTICIPANT IS UNDER AGE 18):</b>	
_____ Signature	_____ Date
_____ Full Name (Please Print)	

## SkillsUSA Personal Liability and Medical Release Form

I hereby release SkillsUSA Inc., its representatives, agents 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 attending this SkillsUSA conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of SkillsUSA representatives, agents or employees. I voluntarily assume all risk and danger relating to the conference, whether occurring prior to, during or after the event.

I voluntarily authorize the SkillsUSA conference medical services coordinator 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 participant 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 its medical services coordinator and/or and designees for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the named person arising from medical procedures or treatment rendered in good faith and according to accepted medical standards.

I understand that SkillsUSA has implemented preventative health and safety measures at this conference to help reduce the spread of COVID-19. I understand SkillsUSA cannot guarantee that conference attendees will not be exposed to or infected by COVID-19. As a conference participant, I acknowledge the contagious nature of COVID-19. By attending this conference, I voluntarily assume the risk and responsibility for any possible exposure or infection.

I have read and understand the SkillsUSA Code of Conduct. I agree to follow all policies, procedures and practices as stated. I understand that this is an educational activity and I will apply myself for the purpose of learning at all times and uphold the finest qualities of SkillsUSA members.

SkillsUSA is not responsible or liable for any issues related to my participation in any in-person, hybrid or virtual SkillsUSA contest including: technology issues or interruptions, malfunctions or failures; personal injury; illness; or damage to school property or individual property.

Adult supervision of student competitors is required at all times when operating power or hand tools; using cutting devices and knives; or handling sharp objects. SkillsUSA is not responsible or liable for any injuries or issues.

If you are age 18 or over, please check the box on the first page of this form to indicate that. Anyone under 18 must have a parent or guardian review this form and check the box on the first page. If a box is not checked, this form will be returned. All participants must submit this form to participate.

## Release of Personal Information Through Lead Retrieval System

Participant name badges at any SkillsUSA national or state conference may include a barcode that includes personal information. I understand that by giving my verbal permission to vendors and staff associated with the conference, my information may be used for follow-up after the conference. Personal information may include my name, email address, mailing address, training program or contest area. By checking the box on the other side, I acknowledge my understanding of this statement and give consent for contact.

## SkillsUSA Conference Code of Conduct Agreement

This SkillsUSA national or state conference is designed to be an educational function, and all plans are made with that objective in mind. SkillsUSA wants every participant to have an enjoyable experience with careful attention paid to both inclusion and safety. All conference participants are expected to conduct themselves in a manner best representing SkillsUSA. For everyone to receive the maximum benefits from participation, SkillsUSA's "Code of Conduct," as established by its national board of directors, must be followed at all times. Note that attendance is not mandatory. By voluntarily participating, you agree to follow the official conference rules and regulations or forfeit your personal rights to participate. SkillsUSA is proud of its students and knows that by signing this "Code of Conduct" you are simply reaffirming your dedication to be the best possible representative of your state.

1. I will, at all times, respect all public and private property, including the hotel/motel in which I am housed.
2. I will spend each night in the room of the hotel/motel to which I am assigned.
3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
4. I will not enter any hotel 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.
5. I will not leave the hotel/motel without the express permission of my advisor or state SkillsUSA director. Should I receive permission, I will leave a written notice of where I will be.
6. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
7. I will not have in my possession any firearms, dangerous weapons, explosive compound, or an object that can reasonably be considered and/or used as a weapon.
8. 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 or logo of SkillsUSA, including outdoor venues.
9. I will not engage in bullying, harassment or acts of bias against others including threatening words or behavior; menacing, hazing, taunting or intimidation; the use of lewd, profane or vulgar language; verbal or physical abuse of others; or other unwelcome behavior against others related to one's identity.
10. I will not engage in any behavior that might be deemed sexual harassment which includes, but is not limited to, verbal, written or physical statements or actions to or about others.
11. I will keep my advisor or state SkillsUSA director informed of my whereabouts at all times.
12. I will, as required, wear my official conference identification badge and not misrepresent myself by wearing the badge of another participant.
13. I will attend, and be on time for, all general sessions and activities that I am assigned to and registered for.
14. I will adhere to the specified conference dress code at all required times.
15. My conduct shall be exemplary at all times.
16. **Virtual Events:** I will be respectful and professional when attending any SkillsUSA virtual conference and will share only appropriate information. I will use the chat feature for questions and comments that are relevant to the event and will not use the chat feature for posting comments that distract from the conference activities. I will use my full first name and last name as listed on my conference registration when signing on to the virtual conference.

### Reporting

Any individual who believes that they have experienced bias or harassment while participating in a SkillsUSA event may report the incident online using the SkillsUSA Report Form, or directly to a SkillsUSA national staff member. All reports will be addressed in accordance with SkillsUSA's related procedures.

### Violations and Penalties

I agree that if, for any reason, I am in violation of any of the rules of the conference, I may be brought before the appropriate disciplinary committee for an analysis of the violation. 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.

1. Violations of Items 1 through 11 of the "Code of Conduct" may be grounds for immediate removal from an elected office and possible relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. The participant's misconduct or infraction could result in the disqualifying of his or her state delegation as well.
2. Violations of Items 12 through 14 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's state department of education and parents or guardians. Repeated violations of Items 12 through 14 may result in the participant being sent home at his/her own expense.

**I agree to all conference rules of conduct and releases as stated on this form. My consent is affirmed when I complete and submit this registration form to SkillsUSA as a participant of this conference.**

## Photography and Sound Release

By attending this conference, I grant SkillsUSA and its production companies permission to photograph me, videotape me or make audio recordings of my voice, separately or in combination, and give permission to SkillsUSA to use these photos, videos or sound recordings without seeking further permission. I understand that my name may not appear with my photo, video or sound recording when used. Further, I relinquish to SkillsUSA all rights, title and interest in any photographs, videos or sound recordings of me and I grant

SkillsUSA the exclusive right to exhibit, publish, give or transfer photographs, videotape or audio recordings to any individual, business and industry partner, publication, media outlet or governmental agency, or their assignees, without payment or other consideration to me. My agreement to participate or perform under camera, lighting and stated conditions is voluntary. I waive all personal claims, causes of action or damages against SkillsUSA and its employees or volunteers arising from such a performance or appearance. **NOTE:** I understand that audio or videotaping of conference speakers by conference participants is not permitted.

## Officer Social Media Contract

If elected as an officer, you will be representing not only the state and chapter you are from, but you also serve as a brand ambassador for SkillsUSA New Mexico and are expected to portray yourself, and the organization, in a positive manner at all times. You are also responsible for completing your assigned duties through SkillsUSA social media bases. As an officer, you must read and sign this contract acknowledging the Officer's Responsibility to use Social Media responsibly and with accountability as a member of the Officer Team.

All Officers are required to comply with the following:

- Responsibilities
  - Complete all assigned social media postings and planning in a timely manner
  - Maintain and reflect the positive professional image of SkillsUSA New Mexico
  - Interact with all membership on SkillsUSA professional accounts
  - Post appropriately, respectfully, and thoughtfully
- Tentative Do's & Don'ts

Do's	Don'ts
Follow SkillsUSA NM social media platforms as well as allow SkillsUSA NM Staff to follow you	Block SkillsUSA NM Staff from viewing your posts
Positively interact with membership using professional and encouraging language	Use any derogatory language, remarks, or profanity
Keep personal views off of all SkillsUSA Accounts	Express any controversial viewpoints (ex. politics)
Immediately remove anything when asked to do so	Involve yourself with alcohol or drugs, including liking and quoting such references.
Complete all assigned postings	Forget and/or ignore your responsibilities
Be your professional self and share SkillsUSA news through all social media bases supported by SkillsUSA	Share any account information to those not on the team
Think twice before posting or putting yourself in inappropriate positions	Have incrimination, violence, any form of nudity, inappropriate gestures, etc. on social media
Other items may be added at the State Officer Coordinator's discretion	

By signing this Social Media Agreement, you are stating that you will follow the rules indicated above and you understand that disciplinary actions may be imposed for failure to comply with those rules.

\_\_\_\_\_

Local Advisor Signature

\_\_\_\_\_

Officer Candidate Signature

\_\_\_\_\_

Parent/Guardian Signature

## Conditions of Understanding

We, the candidate, chapter advisor, parents and school administrator, understand that:

1. The official term of office will begin immediately following the state conference in which the officer was elected until the end of the following state conference.
2. The officer will meet with the other state officers at a time and place identified by the State Officer Coordinator at the beginning of the official term to plan a program of work.
3. Regular meetings with the State Officer Coordinator and the state officer team will occur throughout the term of office.
4. The officer candidate will adhere to the campaign rules and election procedures as stated in the State Officer handbook.
5. The officer candidate will adhere to the NMAA regulations and policies. This includes a strict no smoking policy. E-cigarettes are included in no smoking policy. (Vape, Juul, etc.)
6. A candidate may be disqualified by a majority vote of the SkillsUSA New Mexico Board of Directors if any behavior or actions are deemed to be unethical, unprofessional, and/or irresponsible.
7. Approval for attendance of each individual state officer at SkillsUSA conferences is the total responsibility of the local chapter advisor.
8. The officer will adhere to the State Officer Travel Policy.

**My signature below certifies that I have read and understand the entire SkillsUSA State Officer Candidate Handbook.**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Chapter Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date



## Officer Reasons for Removal Form

Any officer may be declared "inactive" and/or removed from office in the following situations.

***Declaration of "inactive" status and possible removal from officer for:***

1. Any state officer who fails to adequately perform the duties of the office will be removed from office.
2. Any state officer member who fails to attend any announced meeting without just cause (illness, death in immediate family, or an unforeseen emergency) shall be placed on probation for a period of time to be determined by the Board of Directors.
3. Any state officer whose behavior, while in the performance of duties, is contrary to published rules of conduct or whose behavior is injurious to the image of this association shall be removed from office.
4. A state officer who fails to maintain NMAA requirements shall be placed on probation for one grading period. Failure to bring up grades shall result in removal from office.
5. Removal from office carries the obligation of repayment of chapter, district, and state funds used to maintain the executive council member in office.
6. The executive board members shall be convened to assess each case which may result in removal from office.
7. Any state officer who resigns or is removed from office, and wishes to run again will need to submit an appeal to the NM Board of Directors prior to the application deadline.

***Immediate and automatic removal from office for:***

1. Failure to adhere to the Code of Ethics
2. Failure to adhere to Policy and Procedures

I fully understand the possible causes for removal from office, rules, regulations, conditions, and directions set forth by the Policies and Procedures for SkillsUSA NM as well as the State Officer Coordinator.

I understand, if removed, I will immediately return all materials purchased by SkillsUSA NM. This includes: state officer uniform, state officer pin, polo's, etc.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Officer Candidate Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Local Advisor Signature**

## College/Postsecondary State Officer Candidate Endorsees

The credentials for \_\_\_\_\_, who is the choice of our chapter, are attached. To the best of our knowledge, this individual meets the qualifications for the office of a SkillsUSA state officer and if elected, will receive the enthusiastic support of the school, the chapter, and the advisor in the execution of the duties of the office.

The Department of Education and local school systems operate under guidelines of the Quality Basic Education Act, established in 1986. In order to participate, students must qualify and meet the required criteria according to this law. Travel funds for instructors are not a direct line budget item from the state, but are contained in the FTE formula. More than adequate funds are usually allocated and are earned by the school through FTE accounting procedures. As administrator, I agree to provide travel money for the advisor to carry out the tasks of the office for which the SkillsUSA New Mexico member is a candidate.

During state and national activities, we understand that the state director and leadership team will supervise the state officers. The state director, leadership team and officer's advisor will coordinate to enable an officer to prepare for contest participation or other requested chapter activities as schedules permit. State officers must commit to participate fully in all the program of work activities.

We recognize the responsibilities of the position for which we have nominated our candidate and will assist him or her in executing responsibilities of said office, in any capacity that we can, should he or she be elected. We understand that necessary support of travel and participation is important for both the candidate and their advisor and we are willing to support their needs. We have fully reviewed and understand the SkillsUSA New Mexico state officer candidate information overview, official application, agreement form and other related documentation.

Chapter Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## National Officer Candidate Addendum

This form should be completed by members interested in seeking a position as a national officer candidate.

SkillsUSA New Mexico will select no more than **two qualified members** to represent our state as national officer candidates. The SkillsUSA NM Board and State Director reserve the right to make the decision if an applicant is qualified to move forward as a national officer candidate. Candidates must fully complete the state officer candidate application and the national officer candidate addendum. At the State Leadership and Skills Conference they will go through the same process as state officer candidate. Qualified candidates will be required to attend the SkillsUSA New Mexico Board of Directors meeting held on March 6, 2024 at 6:30pm MT, to provide a brief introduction about themselves and their candidacy. In addition to the stated qualification procedures, national officer candidates will also submit the following by:

### March 1:

- State Officer Candidate Application (selecting National Officer Candidate)

### By the State Leadership and Skills Conference:

- National Officer Candidate Application (for State Director signature)
- National Officer Candidate Platform
- National Officer Candidate Slogan
- National Officer Candidate Poster Design
- Listing of at least three items that will be used as National Officer Candidate Campaign Materials (promotional items)

NOTE: If an approved candidate is elected to a national officer position, they will forfeit any local or state offices held in order to fully commit to the requirements of a national officer. The local chapter will assume responsibility for the following in support of their student: NLSC airfare, hotel, registration, Leverage registration, meals, clothing and campaign materials. SkillsUSA New Mexico will support potential national officer candidates by providing the following: registration, lodging, meals and materials for CTSO and state officer training.

As the local chapter advisor, I agree to support my student in his/her preparations as a national officer candidate if he or she is selected by SkillsUSA New Mexico to represent our state. I understand that the National Officer Candidate Application must be completed and returned to the national office by the deadline and that I am responsible for ensuring that my student meets all obligations of his or her candidacy.

Chapter Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am selected to represent the state as a national officer candidate, that I will fulfill the obligations and responsibilities of seeking office to the best of my abilities.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_