

**Parent Volunteer**

SkillsUSA is a partnership of students, teachers and industry working together to ensure America has a skilled workforce. SkillsUSA helps each student excel through different competitions in their respective skills. It is a national nonprofit organization serving high school and college students who are preparing for careers in trade, technical and skilled service occupations, including health occupations.

More for information: <http://www.skillsusa.org/index.shtml>

The Somerset County Vocational & Technical School SkillsUSA Chapter needs parent volunteers. As a parent volunteer you will help organize and chaperone future fundraisers and events. Our goal this year is to have sufficient funding to ensure that all eligible students will be able to travel to and compete in the National Leadership and Skills Conference in Atlanta, Georgia. With your help, we can have all of our state champions represent New Jersey and SCVTHS at the national level.

**SCVTHS SkillsUSA Advisors: Contact Information:**

Ms. Samantha Carter [SkillsUSA@scvts.net](mailto:SkillsUSA@scvts.net)

Ms. Michelle Fresco 908-526-8900 ext. 7161

Mrs. Karen Morlock

Mrs. Pratima Patil

**I would like to be a SkillsUSA Parent Volunteer \_\_\_\_\_\_\_**

**Donation (Optional)**

I would like to donate to the SCVTHS SkillsUSA Chapter \_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please make checks payable to SCVTHS SkillsUSA)

**Contact Information**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_