

# Athlete Congress Facilitator Application

**Special  
Olympics**  
New Jersey



## **General Information:**

Applicants Name: \_\_\_\_\_ Age: (18 or older) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

School Attending/Major: \_\_\_\_\_

Can applicant provide their own transportation to meeting? ☐ Yes ☐ No

Do you require special accommodations? ☐ Yes ☐ No If Yes, \_\_\_\_\_

Are you available on weekends? ☐ Yes ☐ No

Please provide a brief biography of yourself (include pertinent information on family, certifications, interests, organizational affiliations, volunteering, etc.):

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## **Experience with Special Olympics New Jersey:**

What is your current involvement with SONJ?

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How long have you been involved with SONJ? \_\_\_\_\_

Do you have experience working with persons with intellectual disabilities?

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Why are you interested in becoming an Athlete Congress Facilitator?

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## References:

Completed application must include **two** references. One must be a Special Olympics Coach, LTP (local training program) Coordinator or an Area Director.

### Reference No. 1

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

### Reference No. 2

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

If I am selected by Athlete Congress, I agree to serve the full three year term as a Facilitator to the Athlete Congress and attend all scheduled meetings. I have read and understand the Bylaws of the Athlete Congress of Special Olympics New Jersey.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*I approve the application of this candidate for Facilitator to the Athlete Congress:*

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
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