

Athlete Congress Member Application

**Special
Olympics**
New Jersey



Athlete Name: _____ Age: (18 or older) _____
Street Address: _____
City: _____ State _____ Zip: _____
Home Phone No.: _____ Cell: _____
Email Address: _____

Can you commit to attend all scheduled meetings? _____ Yes _____ No
Can applicant provide their own transportation to meeting? _____ Yes _____ No
Does the applicant require accommodations (wheelchair, hearing assistance, etc.)?
_____ Yes _____ No

If yes, please explain: _____
Number of years participating in Special Olympics: _____ State program: _____
Number of years you have been involved with SO New Jersey? _____
Do you have an up-to date medical form on file with SONJ? _____ Expiration Date: _____

List the sports you compete in with Special Olympics:

List the name(s) of the Team or Teams you have participated with:

Year(s) that you participated in the following events:

Fall Games: _____ Winter Games/State Hockey Tournament: _____
Spring Games: _____ Summer Games: _____

Have you attended Athlete University? _____ If yes which year did you graduate? _____

How did you hear about Athlete Congress?

What do you think the purpose of the Athlete Congress is?

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Why do you want to become a member of Athlete Congress?

How do you think you can contribute to Special Olympics New Jersey Athlete Congress?

List other areas of involvement with Special Olympics (committees, global messenger, fundraising, school programs, volunteering, etc.):

References and Nominations:

Your completed application must include 1) **two** nominations from either a coach, LTP coordinator or area director; 2) **one** reference from an SONJ athlete in good standing and 3) approval from a coach, LTP coordinator, area director or SONJ staff member. Each person can only sign the application once.

Nomination 1

Name: _____ Position: _____
Street Address: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____

Please provide a brief statement why this Athlete would be a good candidate for Athlete Congress:

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Nomination 2

Name: _____ Position: _____
Street Address: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____

Please provide a brief statement why this Athlete would be a good candidate for Athlete Congress:

SONJ Athlete Reference

Name: _____ Position: _____
Street Address: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____
Comments: _____

If I am selected, I agree to serve as a Member to the Athlete Congress of Special Olympics New Jersey and attend all scheduled meetings. I agree to serve for the full five year term.

APPLICANT SIGNATURE: _____ Date: _____

I approve the application of this athlete as candidate for member of the Athlete Congress of Special Olympics New Jersey:

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

Additional Comments: _____

