

# Athlete Leadership Council Member Application

**Special Olympics**  
New Jersey



Athlete Name \_\_\_\_\_ 18 years of age or older \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

Can you commit to attend scheduled meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you be able to get to scheduled meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you require accommodations such as wheelchair, hearing assistance, etc?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_  
Number of Years participating in Special Olympics \_\_\_\_\_ Other programs \_\_\_\_\_  
Number of years you have been involved with SO New Jersey \_\_\_\_\_  
Do you have an up to date Participation Packet on file with SONJ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
List activities you currently participate in with SONJ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you participated in the following events with SONJ?  
Fall Games \_\_\_\_\_ Winter Games \_\_\_\_\_  
Spring Games \_\_\_\_\_ Summer Games \_\_\_\_\_

Have you attended any leadership training? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list \_\_\_\_\_

How did you hear about the Athlete Leadership Council? \_\_\_\_\_  
\_\_\_\_\_

What do you think is the goal of the Athlete Leadership Council? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a member of the Athlete Leadership Council and how do you think you can contribute to the ALC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other areas of involvement with Special Olympics that you have been involved with (global messenger, fundraising, school or area programs, volunteering, other) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I am selected, I agree to serve as a member of the Athlete Leadership Council of Special Olympics New Jersey and attend scheduled meetings. My Participation Packet and Medical are current and expires on \_\_\_\_\_. I agree to serve for the full term for which I have been elected to serve.

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

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Your completed application must include (1) **two** references 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.

## **REFERENCE 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 the Athlete Leadership Council: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **REFERENCE 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 the Athlete Leadership Council: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **SONJ ATHLETE REFERENCE**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone No \_\_\_\_\_

Please provide a brief statement why this athlete would be a good candidate for the Athlete Leadership Council: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **FOR OFFICIAL USE ONLY**

### **SONJ ATHLETE LEADERSHIP STAFF OR CORDINATOR APPROVAL/SIGNATURE**

Name \_\_\_\_\_ Area \_\_\_\_\_

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