

# Athlete Leadership Council Mentor Application

**Special Olympics**  
New Jersey



## **General Information:**

Applicants Name \_\_\_\_\_ 18 years of age or older \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school and what major: \_\_\_\_\_

Do you require special accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what accommodations: \_\_\_\_\_

Are you available for weekend meetings or events \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide a brief biography of yourself (include pertinent information on 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? \_\_\_\_\_

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Do you have experience working with persons with intellectual disabilities? \_\_\_\_\_

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Why are you interested in becoming an Athlete Leadership Council Mentor? \_\_\_\_\_

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## **References:**

Completed application must include **two (2)** references. One must be a Special Olympics New Jersey Coach, an SONJ LTP Coordinator, or an SONJ Area Director.

### **Reference No. 1:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Area: \_\_\_\_\_ LTP: \_\_\_\_\_

### **Reference No. 2:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Area: \_\_\_\_\_ LTP: \_\_\_\_\_

If I am selected by the Athlete Leadership Council of Special Olympics New Jersey, I agree to serve the full three (3) year term as a Mentor to the ALC and attend all scheduled meetings.

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

### **FOR OFFICIAL USE ONLY**

#### **SONJ ATHLETE LEADERSHIP COUNCIL REPRESENTATIVE APPROVAL/SIGNATURE**

Name \_\_\_\_\_ Position \_\_\_\_\_

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