

**SPECIAL OLYMPICS Ohio**  
**2018 SPECIAL OLYMPICS USA Games**  
*Coach Application Form*

**Application Process**

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- All applicants must complete and attach the following materials:
  - ✓ **Current Resume**
  - ✓ **Application Form**, signed by your Special Olympics Program's Local Coordinator.
  - ✓ **Letters of Support**. You are required to submit three letters of support. We encourage you to include at least one from the following: a current Special Olympics athlete; a family member of an athlete; or a Special Olympics volunteer with whom you have worked in the past year.
- All application materials must be submitted by **Wednesday, July 31, 2017**
- All application materials will be reviewed and each nominee will be informed of selections by September 1.

**General Information** *(please print or type)*

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ /19

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Languages other than English spoken fluently *(please list)*: \_\_\_\_\_

Special Olympics Program Name: \_\_\_\_\_

**Sports & Certification Information**

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Please indicate the sport in which you are applying for a Coach position *(check one)*:

- |                                    |                                       |  |                          |
|------------------------------------|---------------------------------------|--|--------------------------|
| <input type="checkbox"/> Aquatics  | <input type="checkbox"/>              | <input type="checkbox"/> Team Basketball | <input type="checkbox"/> |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Golf         | <input type="checkbox"/> Team Softball   | <input type="checkbox"/> |
| <input type="checkbox"/> Bocce     | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Team Volleyball | <input type="checkbox"/> |
| <input type="checkbox"/> Bowling   | <input type="checkbox"/> Tennis       |  |                          |

Do you have Special Olympics Certification in your requested sport?  Yes  No

Please detail your coaching experience in Special Olympics in your selected sport: \_\_\_\_\_

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

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Please detail your experiences, beyond Special Olympics, in your selected sport:

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What qualities do you have to support the overall success of your selected sport? \_\_\_\_\_

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Please list other National Governing Body Certifications: \_\_\_\_\_

Are you currently certified in any of the following?

- |   |                              |                             |                           |
|---|------------------------------|-----------------------------|---------------------------|
| First Aid                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <u>Date of Expiration</u> |
| CPR (American Red Cross or Heart Association) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                     |
| American Sign Language                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                     |
| Other <i>(please list):</i>                   |                              |                             | _____                     |

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Are you able to serve as Coach for Team Ohio during the entire National Games?  Yes  No

Do you have previous experience with Special Olympics Team USA and/or World Games?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to commit to attending training camp (tentatively scheduled April 2018) and to be with the delegation for the entire length of National Games?  Yes  No

Can you meet all pre-Games and Games-time requirements described in the Coach Job Description?  Yes  No

Do you understand the process for financial reimbursement and budgetary expenditures?  Yes  No

Do you understand a current Volunteer Background Check is required to complete your application?  Yes  No

- I have read and understand the job description and general expectations of this position and that the information I have given Team Ohio is true and complete. I understand the Team Ohio Management Team may remove me from the delegation if I fail to meet the requirements of the job description or act outside the Code of Conduct.
- I have attached a current resume and three letters of support as outlined in the Application Process.
- This form needs to be signed by the Special Olympics staff positions listed below to confirm their endorsement of your application. If it is not signed, the application will not be accepted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Special Olympics Staff Section**

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\_\_\_\_\_  
Signature of Special Olympics Local Coordinator

\_\_\_\_\_  
Date

**Special Olympics staff: Please attach a copy of this individual's Volunteer Background Check.**

Fax or mail this form with applicant attachments and current Volunteer Background Check by **July 31, 2017** to:

Martin S. Allen, Program Director

Special Olympics Ohio

3303 Winchester Pike

Columbus, Ohio 43232

Fax: 614-239-1873

If you have questions call Marty at 614-239-7050 or email [allenspolly@aol.com](mailto:allenspolly@aol.com)