**Youth Athlete / Partner Contact Information:**

|  |  |
| --- | --- |
| First Name            | Last Name        |
| AthletePartner  | MaleFemale | Email |
| Mailing Address |
| City  | State | Zip |
| Home Phone | Cell Phone |
| School Name  |
| Birthday | Age (must be between 14 and 20) | School Grade  |
| Parent/Guardian Name |
| Email | Emergency Phone  |
| Parent/Guardian Name |
| Email | Emergency Phone  |
| Athlete/Partner Signature: |
| Parent/Guardian Signature: |

|  |
| --- |
| Shirt Size:  |

**Name and contact information of teacher/adult nominating this athlete/partner:**

|  |  |
| --- | --- |
| First Name | Last Name |
| School | Email |
| Mailing Address |
| City | State | Zip |
| Work Phone  | Cell / Home Phone |
| Teacher/Adult Signature: |

**Getting to Know You:**

1. Have you ever been involved with Special Olympics?

❒ Yes ❒ No

1. If yes, how many years have you been involved with Special Olympics?

❒ Less than 1 year ❒ 1-2 years ❒ 3-5 years ❒ over 5 years

1. Please list any volunteer experience you have had with Special Olympics.
2. With your commitments to family, school, activities, etc. How many hours per month could you give to the SOMA YAC over the next year?

❒ 1-2 hours ❒ 3-5 hours ❒ over 5 hours

1. Do you have any experience with attending and speaking at meetings?

❒ Yes ❒ No

1. Do you have any experience with event planning?

❒ Yes ❒ No

**Skills and Experience**

As a member of the Youth Activation Council, team members use a lot of different skills and talents, like speaking in public, sharing their story, fundraising, or using the computer. Tell us why you would be a good choice for the Youth Activation Council?

(300 words or less please)

Please share about a Unified experience or memory and why you think inclusion is important in your school.

(300 words or less please)