



ATHLETE APPLICATION
Law Enforcement Torch Run® Committee
 Return to: Valerie Green
 Special Olympics Wisconsin
 2310 Crossroads Drive, Suite 1000
 Madison WI, 53718



FAX: 608-222-3578 OR VGreen@SpecialOlympicsWisconsin.org

DEADLINE: November 15, 2011

Application Information:

Applicant Name:	
Special Olympics Agency #:	
Mailing Address, City, State, Zip Code:	
Telephone (please include area code):	Cell: Home: Work:
E-mail (REQUIRED - E-mail is the only way meeting notices and other LETR updates are distributed.)	
Contact in Household (if applicable):	
Shirt Size:	T-shirt: _____ Polo Shirt: _____ Please Circle one: Men's Ladies
Age of Applicant:	
Can applicant supply chaperone/escort for travel purposes as needed?	Please circle one: Yes No (Example: This includes 2-3 statewide Torch Run meetings a year as well as potentially traveling to in-state conferences, in addition to one out-of-state international conference during three-year term.)
Number of years with Special Olympics (minimum of 5 years is a requirement):	
Has applicant attended State, National or World Games?	State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)? National? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)? World? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)?
Please list all sports this athlete participates in:	
Experience with Travel:	
Please list job and/or outside hobbies:	

Parent/Guardian Information

Parent/Guardian Name:	
Mailing Address, City, State, Zip Code:	
Telephone (please include area code):	Cell: Home: Work:
E-mail	

What formal ALPs Training has the applicant been through? (Mark ALL that apply):

Workshop	Comments
Global Messenger	
SOWI Leadership Conference	
Governance	
Leadership	
Athletes Helping with Fund Raising	
Athletes As Coaches	
Athlete Input Council	
Please list any/all other ALPs roles:	

Does applicant have speaking experience in leading the Special Olympics Oath?	Yes	No
Does applicant have experience speaking at committee or group meetings?	Yes	No
Does applicant have experience working with Boards?	Yes	No
Has applicant been a member of a self-advocacy organization?	Yes	No
Has applicant been a spokesperson for Special Olympics (i.e., giving formal presentations at conferences, being interviewed by the media, being in a PSA or video, etc.)?	Yes	No
Has applicant had experience speaking about the LETR?	Yes	No

If you answered "Yes" to any of the questions above, please list all speaking events including when, where and how frequently:

Has the applicant participated in LETR activities? **Yes** _____ **No** _____
If yes, please list all events/activities attended including when, where and how frequently:

What does the athlete think of the Law Enforcement Torch Run?

Does applicant have a current Special Olympics medical form on file?

Yes _____ **No** _____

What is the reading level of applicant?

How does applicant listen and respond? Expressive skills?

Does the applicant require any disability-related accommodations, such as written materials in an alternate format, sign-language interpreter, wheelchair accessibility, etc? Any special dietary needs?

Yes _____ **No** _____
If yes, please describe:

Athlete Escort Information (Athlete responsibility to provide escort [family member, coach, etc.] and MUST be a Special Olympics Class A Volunteer without driving restrictions)

Who will serve as escort to athlete during three-year term on committee (name and relationship to athlete)?	
Mailing Address Including City, State & Zip Code:	
Telephone (please include area code):	Cell: Home: Work:
E-mail	

**Athlete Mentor Information (Law Enforcement Member of State LETR Committee)
ONLY IF KNOWN DURING APPLICATION PROCESS**

Who will serve as the Law Enforcement Torch Run state Committee mentor to athlete during three-year term on committee (name and relationship to athlete)?	
Mailing Address Including City, State & Zip Code:	
Telephone (please include area code):	Cell: Home: Work:
E-mail	

I have reviewed the job description for the Law Enforcement Torch Run® Committee and I agree to meet the requirements:

Athlete Signature: _____ Date: _____

Escort Signature: _____ Date: _____

Agency Manager Signature: _____ Date: _____

(ONLY IF KNOWN DURING APPLICATION PROCESS)

THANK YOU!

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Office Use Only: <input type="checkbox"/> RDD <input type="checkbox"/> RDS
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