

**SPECIAL OLYMPICS ARKANSAS/UNIFIED CHAMPION SCHOOLS**  
*State Youth Activation Committee Application*

**Cover Sheet & Checklist**

Thank you for your interest in becoming a member of the State Youth Activation Committee (YAC). The purpose of the Special Olympics Arkansas YAC is to educate, motivate, and activate youth around the country in an effort to develop a society where all young people are agents of change - fostering respect, dignity, and advocacy for people with intellectual disabilities by utilizing the programs and initiatives of Special Olympics in schools and local communities.

**Participant's Name:** \_\_\_\_\_ **Role:**  Athlete  Unified Partner

Included in this document are the following:

- ❖ Review of Athlete and Youth Partner Selection Criteria
- ❖ Participant General Information Form – to be completed by all
- ❖ Participant Sizing Information Form – to be completed by all
- ❖ Biography Form – to be completed by all

Also required are the following:

- ❖ All Special Olympics Athletes must submit a copy of his/her current medical form
- ❖ All Partners and Coaches must submit a Class A Volunteer Application

Additional documents to review:

- ❖ Unified Champion Schools History Overview

<b>ALL: Participant Information Form</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ALL: Participant Size Information</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ALL: Participant Biography Form</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Athletes ONLY: Copy of Current Special Olympics medical form</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Partners and Coaches ONLY: Class A Volunteer Application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Please email, fax or mail all forms and materials to Jennifer Grantham</b>  <b>Email address:</b> Jennifer@specialolympicsarkansas.org  <b>Fax number:</b> (501) 771-1020  <b>Mailing address:</b>  Special Olympics Arkansas  2115 Main Street  North Little Rock, AR 72114</p>		

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**REMINDERS of SELECTION CRITERIA**

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**SPECIAL OLYMPICS ATHLETE**

- Athlete is registered with Special Olympics and is at least 14 but not older than 25 years old
- Athlete will be involved for at least two years in training and competition at Area level
- Athlete is able to express opinions and ideas about Special Olympics & Unified Champion Schools in writing and/or verbally
- Willingness to go through basic orientation about Special Olympics/Unified Champion Schools and youth involvement
- Athlete can commit to being involved with Special Olympics at the Area and State level for a minimum of 2 years
- Parent/Guardian of athlete is willing to sign a waiver and other releases developed by Special Olympics Arkansas
- Athlete can commit to attending a minimum of 7 out of 10 meetings throughout the year at SOAR office or another pre-determined location in person or via conference call
- Athlete can commit to actively participating in Youth Summits, Community meetings/conferences, Speaking Engagements, Polar Plunges and other Unified Champion Schools initiatives as requested by SOAR/UCS Staff
- Athlete can commit to being an advocate for Special Olympics Arkansas/Unified Champion Schools in all settings
- Athletes can commit to spending approximately 2-5 hours per week working on YAC-related projects depending on SOAR/UCS events

**YOUTH PARTNER**

- Partner is registered with Special Olympics Arkansas and is at least 14 but not older than 25 years old
- Partner is able to express opinions and ideas about Special Olympics & Unified Champion Schools in writing and/or verbally
- Willingness to go through basic orientation about Special Olympics/Unified Champion Schools and youth involvement
- Partner can commit to being involved with Special Olympics at the Area and State level for a minimum of 2 years
- Parent/Guardian of partner is willing to sign a waiver and other releases developed by Special Olympics Arkansas
- Partner can commit to attending a minimum of 7 out of meetings throughout the year at SOAR office or another pre-determined location in person or via conference call
- Partner can commit to actively participating in Youth Summits, Community meetings/conferences, Speaking Engagements, Polar Plunges and other Unified Champion Schools initiatives as requested by SOAR/UCS Staff
- Partner can commit to being an advocate for Special Olympics Arkansas/Unified Champion Schools in all settings
- Partner can commit to spending approximately 2-5 hours per week working on YAC-related projects depending on SOAR/UCS events

**NOTE:**

***Access to email is essential for all participants of the YAC since resources and materials will be transmitted online***

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Participant Information					
Full Legal Name:	(First):	(Middle):	(Last):		
Role Applying for on Committee:	<input type="checkbox"/> Athlete	<input type="checkbox"/> Unified Partner	<input type="checkbox"/> Adult Coach		
Mailing Address:					
City, State, Zip:			Email:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	/	/19
Home Phone:	( )	Cell Phone:	( )		
Languages other than English spoken fluently (please list):					

Emergency Contact Information			
Parent/Legal Guardian			
First Name:		Last Name:	
Home Phone:	( )	Cell Phone:	( )
Best Time to Call:		Email Address:	
Relationship to Participant			

2 <sup>nd</sup> Emergency Contact			
First Name:		Last Name:	
Home Phone:	( )	Cell Phone:	( )
Best Time to Call:		Email Address:	
Relationship to Participant			

**Size Information Form**

*Please fill in or check the size that would best fit. Fulfillment of size request is based on availability.*

T-Shirt (Unisex Size):	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Long Sleeve T-Shirt (Unisex Size):	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Short-Sleeve Polo Shirt:					
<input type="checkbox"/> MENS <input type="checkbox"/> WOMENS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Pull Over Sweater:					
<input type="checkbox"/> MENS <input type="checkbox"/> WOMENS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL

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<b>Biography Form – All</b>					
Athletes are encouraged to seek assistance from a parent, guardian or coach to complete this form. Feel free to attach additional sheets.					
First Name:		Last Name:			
Nickname:		City, State:			
Role on Committee:	<input type="checkbox"/> Athlete	<input type="checkbox"/> Unified Partner	<input type="checkbox"/> Adult Coach		
Name of School where you attend			What grade are you in?		
Cell Phone:	(     )	Email:			
Date of Birth:	Month/Day/Year	/ /	Current Age:	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>How many years have you been a part of Special Olympics?</b> <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> over 5 years					
<b>In what ways have you actively been involved with Special Olympics?</b>					
<b>What other community service activities are you involved in with your local school and/or community?</b>					
<b>How did you hear about the State Youth Activation Committee?</b>					
<b>What does being involved as a State Youth Activation Committee Member mean to you?</b>					

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**Please describe your leadership experience within Special Olympics, your school, and/or community**


**Please list your top 3 strengths/skills you believe will benefit the Youth Activation Committee**

1.
2.
3.

**Do you have access to a computer at school, home, or library?**     YES     NO

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**With other commitments to family, school, and other organizations, how many hours per month could you give as a youth member on the Youth Activation Committee?**

5-10 hours   
  10-15 hours   
  15-20 hours   
  20 or more

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**SOAR Youth Activation Committee members use a lot of different skills and talents. Indicate the skill areas in which you have interest or experience below:**

<input type="checkbox"/> Communications	<input type="checkbox"/> Event/Activity Planning	<input type="checkbox"/> Computers/Technology/Social Networking
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Recruitment/Outreach
<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Team Building	<input type="checkbox"/> Other:

**Please use the space below to share your experience within the skills you indicated above and how these skills can contribute to the success of the State Youth Activation Committee**


**By signing my name below, I agree to the terms and conditions listed above and that all information on this form has been completed with accuracy and honesty to the best of my ability**

Printed Name: \_\_\_\_\_  
Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_