



SPECIAL OLYMPICS PENNSYLVANIA SPORT DIRECTOR APPLICATION

NAME: _____	PROGRAM/COUNTY: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
PHONE: _____	EMAIL: _____	SPORT: _____

1. Are you currently certified as a SOPA coach in this sport? ___ yes ___ no
 - a. For how many years have you been a certified SOPA coach in this sport? _____
2. Do you have any experience as a coach in this sport at the middle school level or above outside of your current Special Olympics experience? ___ yes ___ no
 - a. If yes, where did you coach previously? _____
 - b. For how many years? _____
3. Have you ever been certified as an official in this sport? ___ yes ___ no
 - a. If yes, how many years did you serve as an official in this sport? _____
4. Did you play this sport competitively at the high school level or above? ___ yes ___ no
 - a. If yes, at what levels have you competed? _____
 - b. For how many years did you play this sport competitively? _____
5. Have you ever led a coaches training in this sport for SOPA or any other organization? ___ yes ___ no
 - a. If yes, for whom and when _____
6. Do you have experience managing Special Olympics Competitions in this sport? ___ yes ___ no
 - a. If yes, please list those competitions _____

7. Are you a certified trainer in this sport for any other organization? ___ yes ___ no
 - a. If yes, for which organization _____
 - b. For how many years have you been a certified trainer for this organization? _____
8. Please provide the name and contact information for one person who can verify your qualifications.
 - a. Name and contact information _____
9. In how many Special Olympics state-level competitions have you participated? _____
10. Do you have any certifications in this sport from any other organizations? ___ yes ___ no
 - a. If so, please list _____
11. On a separate page, please tell us why you would like to be the SOPA Sport Director for this sport and any additional information you would like to share that you feel we should know about your qualifications.

All Applications must be reviewed and approved by the SOPA Senior Sports Director.

Please Return To: skiesner@specialolympicspa.org or 724-375-9183 (fax) or 200 Cedar Ridge Dr, Suite 214, Pittsburgh, PA 15205.