



## TRACK 2 APPLICATION

Individuals must complete and submit this application for each sport for which they are interested in obtaining Level 2, track 2 certification. Successful candidates will need to complete the course "Coaching Special Olympics Athletes" along with 10 hours of practicum to achieve certification. Please be as specific as possible in your answers.

NAME: \_\_\_\_\_ PROGRAM/COUNTY: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPORT IN WHICH YOU ARE APPLYING FOR:  
\_\_\_\_\_

1. 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? \_\_\_\_\_
2. Do you have any experience as a **coach** in this sport at the middle school level or above? \_\_\_ 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. Do you hold certification 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? \_\_\_\_\_
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. Is there anyone involved with SOPA who would confirm your experience in this sport? \_\_\_ yes \_\_\_ no
  - a. If yes, please provide their name and contact information \_\_\_\_\_
7. 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 \_\_\_\_\_
8. Please list any other relevant experience not listed above:

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

**Please return to:** [sportstraining@specialolympicspa.org](mailto:sportstraining@specialolympicspa.org) or fax to 814.234.8750