



Application for Level I Coach – Assistant Coach

Please print clearly or type information below and return to the Special Olympics Colorado State Office.
The form MUST be filled out in its entirety to be considered for certification. You must have a cleared Class A form on file with Special Olympics Colorado.

Name:	Address:	
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:	Male ()	Female ()
Local Program:	Sport(s):	

If your address has changed since your last certification please check here:

Requirements:

1. GENERAL ORIENTATION:

- I attended a general orientation session. Date: _____ Location: _____
- I completed the general orientation on-line. Date: _____

2. PROTECTIVE BEHAVIORS:

- I completed the protective behaviors quiz on-line. Date: _____

3. SPORTS SPECIFIC SKILLS COURSE:

- I completed the sports specific skills course. Sport: _____
Date: _____ Location: _____

4. PRACTICUM HOURS: a MINIMUM of 10 hours working with Special Olympics Colorado athletes following the sports specific skills course is required for initial certification. Hours must be signed off on by Head Coach.

DATE	# of hrs	# of athletes	DATE	# of hrs	# of athletes	DATE	# of hrs	# of athletes

Head Coach: _____ Head Coach Signature: _____

Additional Information:

How many Special Olympics Sports do you coach?	How many sports are you certified?
Please check box if you are a SOCO athlete who is becoming a coach <input type="checkbox"/>	

By signing below I certify that all of the above information is correct and that I have completed all requirements to satisfaction. I hereby request Special Olympics Colorado certification in the sport listed above.

Signature of applicant: _____ Date: _____

Please return to Director of Coaches Education
 Special Olympics Colorado, 384 Inverness Parkway, Suite 100, Englewood, CO 80112
 Email: zwarner@specialolympicsco.org
 Fax: 303.592.1364