



BOCCE COMPETITION OFFICIALS APPLICATION FORM 2015 Special Olympics World Summer Games

MINIMUM QUALIFICATION: All applicants must be currently active bocce officials in Good Standing with their local/national Special Olympics Program. All applicants must have satisfactorily officiated, especially as main Court Referee, at least 6 bocce competitions (i.e. local/area/state/national/international) between the years 2010-2014. Please refer to the Special Olympics Bocce Standards of Officiating Overview document. A written test will be administered prior to official selection, otherwise proof of holding a current SOI Bocce Officials Certification should be submitted with this application. The 2015 Special Olympics World Summer Games will require a working commitment from 24 July – 2 August 2015.

SELECTION: If selected, the Games Organizing Committee will arrange and provide the cost of direct travel to and from Los Angeles, California, local transportation to & from competition venues, accommodations and meals. Officials housing has been designated at St. Mary's College. Selected officials may be housed in the double rooms/suites and paired with a roommate of the same gender. Any travel outside the dates of 23 July – 3 August 2015 will be the sole financial responsibility of the selected official. Anyone unable to meet these requirements, or make this commitment, should not apply.

PROCESSING: Please (1) Print or type in English, (2) Complete in its entirety, information must be verifiable (3) Retain a copy for your records, (4) Optional: Submit other supporting documentation, references, and other Special Olympics experiences to be considered under separate cover and (5) Do NOT fax this application.

SECTION 1 - PERSONAL DATA

Name	<hr/>		
	Family	First	Gender (M/F)
Mailing Address	<hr/>		
	Street	City	
	State/Province/Country		Postal Code
Phone	<hr/>		
	(Country code)		
Fax	<hr/>		
	(Country code)		
Email Address:	<hr/>		

SECTION 2 - CERTIFICATION INFORMATION

Certifying Organization	Certification Yes	Certification Date	Certification No
<hr/>	<hr/>	<hr/>	<hr/>
Special Olympics, Inc.			

SECTION 3 - OFFICIATING EXPERIENCE

List the names of two (2) individuals who can be consulted regarding your officiating ability.

Name:	<hr/>	Name:	<hr/>
Affiliation:	<hr/>	Affiliation:	<hr/>
Address:	<hr/>	Address:	<hr/>
Phone:	() <hr/>	Phone:	() <hr/>

Email address: _____ Email address: _____

List most recent Special Olympics bocce officiating experiences

Date (month/year)	Name of Competition	Location	Role/Assignment During this Event

I certify that I am a currently active bocce official and that the information presented in this application is true to the best of my knowledge. As part of my application, I grant permission for the Selection Committee to contact individuals, including observers, regarding my officiating experience and ability. I certify that I am in good physical and mental health.

Signature of Applicant

Date

Signature of Designee of Special Olympics Program/Sport Federation

Date

Name of Special Olympics Program (please print)

Please check if applicable:

Athlete Official _____

Athlete Official Mentor _____

If a Mentor, please note your Athlete Official?

Please return by 1 July 2014 to:

Sports Training & Competition

Mail: 1133 19th Street NW

Washington DC 20036

Email: sprescott@specialolympics.org

Receipt of application will be confirmed by email.