



# ROLLER SKATING COMPETITION OFFICIALS APPLICATION FORM

## 2015 Special Olympics World Summer Games

**MINIMUM QUALIFICATION:** All applicants must be certified and currently active officials in Good Standing with their National and/or international federation. It is also required that the applicants have officiating experience with a Special Olympics roller skating program. Only officials certified in speed events need apply. The 2015 Special Olympics World Summer Games will require a 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 \_\_\_\_\_

Family \_\_\_\_\_ First \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State/Province/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

(Country code) \_\_\_\_\_

Fax \_\_\_\_\_

(Country code) \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2 - CERTIFICATION INFORMATION

Certifying Organization	Country	Name of Position/Level of Certification	Expiration Date
National Federation _____	_____	_____	_____
International Roller Sports Federation (FIRS) _____	_____	_____	_____

### SECTION 3 - OFFICIATING EXPERIENCE

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

Name: _____	Name: _____
Affiliation: _____	Affiliation: _____
Address: _____	Address: _____
Phone: _____ ( ) _____	Phone: _____ ( ) _____
Email address: _____	Email address: _____

List most recent Special Olympics roller skating officiating experiences

Year	Name of Competition	Assignment

List most recent major competitions officiated outside of Special Olympics.

Year	Name of Competition	Assignment

I certify that I am a currently active roller skating 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 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 19<sup>th</sup> Street NW  
 Washington DC 20036  
 Email: [sprescott@specialolympics.org](mailto:sprescott@specialolympics.org)

**Receipt of application will be confirmed by email.**