**Health Messenger Training Application**

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**Are you an athlete who is passionate about your health?**

**Helpful hint: If you care about your sport, you need to care about your health!**

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**Are you an athlete who is interested in leading other athletes to become healthier?**

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**Are you an athlete who is interested in talking with health care providers or political leaders about the need for them to act to help people with intellectual disabilities live longer, healthier lives?**

**If you answered yes to any of these questions, consider applying to be a Health Messenger!**

**Requirements and Recommendations for Becoming a Health Messenger**

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Description automatically generatedRequirements:**

**To become a Health Messenger, you must be:**

|  |  |
| --- | --- |
|  | * An active Special Olympics athlete |
| Icon  Description automatically generated | * Interested in health and committed to putting the training into action in your community and Special Olympics Program |
|  | * Available to attend the training on DATES/TIMES |
|  | * Willing to complete small assignments (homework) as part of the training plan |
|  | * Willing to work with a Mentor – a person who must attend the training with you and support you in your Health Messenger role after the training is over |

**A black and white logo

Description automatically generated with low confidenceRecommendations:**

**To become a Health Messenger, it would be nice if you:**

|  |  |
| --- | --- |
|  | * Have identified someone who can be your Mentor – this person must attend the training with you and support you in your Health Messenger role |
|  | * Have completed the core Athlete Leadership modules: Introduction to Athlete Leadership and Understanding Leadership |

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|  |  |
| --- | --- |
| **ATHLETE APPLICANT INFORMATION** | |
| Name |  |
| Sport(s) you participate in |  |
| E-mail |  |
| Phone |  |
| Are you available to come to training on DATE at LOCATION |  |
| Do you have a Mentor? |  |
| Mentor’s Name |  |
| Mentor’s E-mail |  |
| Mentor’s Phone Number |  |
| Is the mentor available to come to training on DATE at LOCATION |  |

Please put together a **no more than 4 minute video** explaining why you think you would be a good Health Messenger. The video can be taken using a smart phone, no special equipment required!

For the video, we encourage your creativity! But remember that it must be around health. The video can include:

* Ways you are trying to lead a healthy life,
* A personal health story,
* A plan of what you would do to help other athletes become healthier,
* An explanation as to why it’s important that people with intellectual disabilities are included in health care policy or plans.

Please submit your video by to EMAIL/WhatsApp by DATE**.**

**We will notify you by DATE if you have been selected to attend the Health Messenger training.**