



## APPLICATION FOR LOCAL PROGRAM ACTIVATION

***Each Local Special Olympics Program in New Mexico is required to register with the Chapter office before the program will be recognized as such and be granted the privileges listed below:***

1. Offer training programs in official and demonstration sports to athletes, coaches, volunteers, officials etc...
2. Attend and participate in Special Olympics New Mexico Games (SONM) and Competitions, Special Events, and other events and activities.
3. Use the name and logo of Special Olympics New Mexico while fund raising, creating public education/relations printed materials and hosting an event for any approved purpose related to SONM.
4. Host Games and competitions in official and demonstration sports.
5. Utilize all other privileges associated with SONM.

***By submitting this application, the Local Coordinator agrees to accept and fulfill the responsibilities of the position including, but not limited to:***

1. Mission Statement – Uphold and promote the SONM Mission Statement.
2. SONM Code of Conduct and Coaches Code of Ethics – Ensure all entities of the Local Program abide by the Code of Conduct and Coaches Code of Ethics.
3. Finance – Adhere to all procedures regarding the SONM Centralized Accounting System.
4. Coaches Education and Volunteer Training – Ensure coaches attend sport specific training school and all volunteers attend appropriate training sessions.
5. Volunteer Screening – Submit all volunteer forms to the Chapter office and abide by all policies regarding the management of volunteers.
6. Athlete Recruitment and Retention – Actively recruit new athletes while ensuring retention of existing athletes.
7. Application for Participation forms – Ensure that all original athlete Application for Participation, Releases, and Atlanta Axtial forms are on file with the chapter office before the athlete begins training. Also, each Local Program must maintain an accurate record of all applications.
8. Program information deadlines – Meet all established Area and Chapter deadlines.
9. Inform families – Ensure all schedules and policies are made available to all entities of the program.
10. Contact Information – Be willing to have your contact information published in both print materials and on the Internet.
11. Follow all established SONM, SOI, and NGB rules.
12. Manage your delegation in such a manner that it's representation is a credit to your athletes, your community, Special Olympics New Mexico, and to yourself.

***I agree with the statements above and will try to fulfill these responsibilities to the best of my abilities and resources at my disposal.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## APPLICATION FOR LOCAL PROGRAM ACTIVATION

*Copy this form as needed.*

*Unless otherwise noted, only the Local Coordinator will have access to the SONM financial accounts*

Local Program Name: \_\_\_\_\_

### SECTION 1

Local Program Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2

Co-Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 3

Head Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 3

Head Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_