

# Trainer/Sports and Competition Award Nomination Form

**Special Olympics**  
Texas



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## Area/Chapter Award Description and Requirements

### Trainer

The nominee must:

- Design and implement a minimum of two trainings at the state and/or area level that follow the mission and philosophy of Special Olympics Texas and Special Olympics, Inc.
- Encourage growth and change within the organization
- Have been a trainer for at least two years
- Be a current Class A volunteer
- Have been actively involved with training at the area level
- Have completed Special Olympics Texas training certification requirements including: a Train the Trainer Course and the annual training re-certification
- Uphold the spirit of sportsmanship and love of participation

### Sports and Competition

The nominee must:

- Be currently registered as a SOTX Class A volunteer
- Have been involved with SOTX for at least two years
- Be a certified competition or games director.

## Nomination Reminders

- **At least one supplemental item is required;** up to three letters of recommendation and up to three additional items (e.g., certificate, newspaper articles) may be included. Supplemental materials above this number will not be reviewed. All supplemental materials may be returned upon request.
- A photo of the nominee is recommended, but will not be considered a supplemental item.

NOMINEE INFO	
Nominee	Area
Address	City/State/Zip
Contact Phone (     )	Email
Award Category <input type="radio"/> Trainer <input type="radio"/> Sports and Competition	

NOMINEE BACKGROUND
What year did the nominee get involved with SOTX?
What year did the nominee become a trainer with SOTX?
How many hours (on average) did the nominee contribute to SOTX this year?
How many trainings or competitions did the nominee participate in this year?
Trainings:                      Competitions:
More Details:
Has the nominee ever received a SOTX award? <input type="radio"/> Area <input type="radio"/> Chapter
Year received:                      Award Name:

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## TESTIMONIAL BY NOMINATOR

In your own words, describe why this nominee should be considered above and beyond others in this category (additional sheets may be attached).

## NOMINATOR INFO

Name		Date
Address	City/State/Zip	
Contact Phone (     )	Email	

## APPROVED BY

Area Staff Signature (required)	Date
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### No late forms will be accepted!

Completed, signed nomination forms must be submitted to your area office by no later than **June 15**.

Area staff will sign and forward the documents to the chapter office.

Area staff must submit forms to the chapter office by no later than **July 1**.