SOEA Regional Youth Leadership Council

Nomination Form 2027 – 2029

Program Name: Special Olympics _____

Youth Leader Name (Surname/Given name): _____

Age: _____ **Birth Year:** _____ **Gender:** _____

Role:

- Athlete leader with IDD
- Unified partner without IDD

1. Special Olympics projects and activities you have participated in:

2. Number of years involved in Special Olympics:

3. Inclusive Youth leadership experience:

4. Unified partnership experience and any support needed:

5. Why would you like to join the Council? What would you contribute?

6. Other school, work, or community involvement:

7. Please provide a short biography of the nominated youth leader, including their involvement in Special Olympics, leadership experience, interests, and strengths. The youth leader may receive support with writing, but the biography should reflect their own experiences and views.

Other youth leader in the Unified pair: _____

8. Youth Leader Contact Information:

Address:

Phone:

Email:

Supporting Mentor or Staff Member

Name (Surname/Given name): _____
Age: _____ Gender: _____

1. Number of years involved in Special Olympics:

2. Relevant experience and how you will support the youth leader:

3. Mentor or Staff Contact Information:

Address:
Phone:
Email:

Please attach photos of the nominated youth leader and mentor or staff member.