



# NAC SOYO Special Olympics 2020

## August 7 - 16, 2020

at the Antiochian Village Camp

### Volunteer Coach APPLICATION FORM

Please mail completed application by April 1, 2020 to:

V. Rev. Anthony G. Yazge

201 St. Ignatius Trail, Bolivar, PA 15923

Phone: (724) 238-9565 FAX: (724) 238-6415 Email: franthony@avcamp.org



(Applicants must provide proof of age w/application, photocopy of Drivers License or Birth Certificate)

**Name:** \_\_\_\_\_  
(last) (first) (m.i.) (nickname)

**Home Address:** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_

**Phone:**( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(home) (mobile) (emergency)

**Parish:** \_\_\_\_\_  
Name/City Pastor's name

**Birth date:** \_\_\_/\_\_\_/\_\_\_ **Email Address:** \_\_\_\_\_

**Age as of August 7, 2020:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Sex:** \_\_\_ Female \_\_\_ Male **T-Shirt Size (Adult S, M, L, XL, XXL, XXXL)**

#### Education:

Years	School	Major Subjects	Degree Completed

#### Work Experience: (Previous two years)

Employer/Address	Position	Duties	Phone No.	Dates

#### References: (Give names and addresses of two persons having knowledge of your character, experience, and ability (not relatives or your parish priest))

Name	Address	Relationship	Phone No.

#### Camp Experience:

Dates	Camp	Director	Address	Camper/Staff

#### Special Olympics Experience:

Dates	Camp or Event	Director	Address	Camper/Staff

**On another sheet of paper, please answer the following questions:**

1. Write a brief biographical sketch, including specialized training in camping, and experience or training in sports, which might have a bearing on your being accepted as a Special Olympics Sports Camp Volunteer Coach.
2. Explain your roles/offices/involvement in Teen SOYO at the local/parish, Diocesan and Archdiocesan level.

Please complete the following:

Special Dietary Concerns:  Yes  No If yes, please specify: \_\_\_\_\_

Special Medical Concerns:  Yes  No If yes, please specify: \_\_\_\_\_

Allergic to Penicillin  Yes  No Allergic to Insect Bites  Yes  No

If yes, please specify: \_\_\_\_\_

Sports in which you are a Certified Special Olympics Coach, if any: \_\_\_\_\_

Sports you are currently coaching, if any: \_\_\_\_\_

Are you a certified lifeguard?  Yes  No If yes, certified by whom: \_\_\_\_\_

Are you able to swim one lap of the swimming pool?  Yes  No

If you live in PA and are 18 or older, do you have a PA State Police Criminal Record Check?  Yes  No

Date of Criminal Record Check? \_\_\_\_\_ (Must be dated after January 1, 2014)

Teen SOYO Coaches will be given A.M. and P.M. sports assignments based on the following information:

**MORNING** - Athletes will train intensively in one Primary Sport each morning for 2 hours. Please indicate your preference by ranking the following sports with 1 for 1<sup>st</sup> choice, 2 for 2<sup>nd</sup> choice and 3 for 3<sup>rd</sup> choice.

<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Bocce
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Flag Football	<input type="checkbox"/>	Floor Hockey	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Assign as Needed	<input type="checkbox"/>	*track & field				

**AFTERNOON** - In the afternoon, athletes will be rotating through each of the above sports in Ability Groups. These sessions will be less than one hour in length and will be less intensive training than the morning sessions.

1. Would you like to rotate through all the sports throughout the week?  Yes  No

2. If yes, which athletes do you feel most comfortable coaching?

<input type="checkbox"/>	Low-Ability Groups	<input type="checkbox"/>	High-Ability Groups
<input type="checkbox"/>	Mid-Ability Groups	<input type="checkbox"/>	Assign as Needed

3. If no, which sport do you prefer to be assigned? Please indicate your preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>).

<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	Athletics *	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Bocce
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Flag Football	<input type="checkbox"/>	Floor Hockey	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Assign as Needed	<input type="checkbox"/>	*track & field				

Do you have any other talents/abilities you can share during the camp week?

Computer Skills (Camp Yearbook)  DJ  Videographer  
Other \_\_\_\_\_

All statements become part of any future personnel files.

I authorize investigation of all statements herein and release The Antiochian Archdiocese and all of its Departments and Organizations and all others from liability in connection with it. I understand that, if accepted, I will be volunteer and receive no financial compensation for the work performed and that any agreement to the contrary must be in writing and signed by the NAC SOYO Special Olympics Coordinator designated by the Archdiocese Department of Youth. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Application deadline is April 1, 2020**

**SOPA/SOYO MULTI-SPORTS TRAINING CAMP**  
**ANTIOCHIAN VILLAGE, BOLIVAR, PA**

\* Please type  
or print all  
information

## **2019 DOCUMENT OF COACHES' RESPONSIBILITIES**

The following are the rules and regulations concerning the Special Olympics Pennsylvania Multi-Sports Training Camp sponsored by NAC SOYO at the Antiochian Village. In addition to these, all coaches and campers are expected to abide by all the policies of the Antiochian Village which will be explained at the orientation meeting.

1. All cars should be parked in the parking lot. Coaches' cars are not to be taken to the cabins or used to transport athletes. Pulling cars onto the grass is prohibited due to liability concerns.
2. No one is permitted to leave camp grounds except with the knowledge and permission of the camp director. No athlete is allowed off camp grounds. If a coach receives permission to leave camp grounds, he/she must sign out at the camp office when leaving and sign back in upon return.
  - SOYO coaches may not leave the camp grounds unless transported by camp van.
  - SOYO coaches may not transport athletes in their automobiles under any circumstances.
3. No cabin is to be left unattended while athletes are in the cabin. There must be a coach of the same sex in the cabin whenever athletes are present in them.
4. The use or possession of illicit drugs, narcotics, and marijuana will not be tolerated. Violation of this will be grounds for immediate dismissal. All prescription and non-prescription drugs (i.e. aspirin, cold tablets, etc.) are to be left in the infirmary with the nurse and may only be used there. There are to be no drugs in the cabins.
  - Prescription and non-prescription drugs may be administered only by the camp nurse.  
Coaches may not dispense any type of medication!
5. The use or possession of alcohol (liquor, wine, beer, etc.) on or off camp grounds will not be tolerated. Violation of this will be reason for immediate dismissal. No alcohol is to be brought onto camp grounds at anytime. If you will not abstain for the duration of camp, this is not the place for you; please do not sign this document.
6. The use of tobacco (for smoking or chewing) is not permitted at all on the property of the Antiochian Village.
7. Time-off during the day and/or evening will be scheduled. Adhere to the schedule very strictly. Abuse of time-off privileges will result in the loss of such.
8. Coaches are responsible for getting athletes to their scheduled events on time. In addition, every coach and athlete is expected to be at all events dressed appropriately and participate for the duration of the event. This includes wake-up, all meals, and evening activities.
9. Lights out for the cabins is at 10:30 P.M. A schedule for evening breaks will be established for a period of time before and after lights out on Monday through Friday nights. Evening time-off is to be spent on the camp grounds (ie., staff lounge, gathering place). There will be scheduled van runs to the local convenience store (Sheetz) for snacks. A final curfew for all coaches is at 12:00 A.M. unless otherwise stated, at which time all coaches are expected to be in their cabins. No one is permitted off camp grounds after this time. Failure to comply by this will result in the loss of time-off privileges and possible dismissal from camp.

10. You are at the camp primarily for the purpose of serving the athletes--not for visiting with friends, nor for a vacation. There will be a time at the end of the camp to visit with friends. Plan on spending your time during the camp to serve your athletes. Coaches will provide supervision of athletes 24 hours a day.
11. Report all emergencies to the appropriate authorities after taking immediate action to insure the health and safety of all participants. All injuries should be reported to the Camp Medical Personnel.
12. All coaches are expected to observe wholesome moral standards during the entire stay at Antiochian Village. You are a representative of the Orthodox Church and/or Special Olympics Pennsylvania. The behavior of each coach reflects upon each organization. We are serving as role models for all Special Olympics athletes. Take this into consideration during the camping program. Living by this will insure the best Sports Camp ever held.

## **RESPONSIBILITIES AGREEMENT**

I acknowledge that I have read the above document, and understand that failure to comply may result in immediate dismissal from the SOPA/SOYO Multi-Sports Training Camp. If dismissed, I am responsible for my own transportation home and must leave Antiochian Village immediately upon notification as such. I understand that the refusal to sign this document will also result in immediate dismissal from camp duties.

\_\_\_\_\_  
*Coach/Chaperone's Name - please print*

August 7-16, 2020

(Dates of Camp)

\_\_\_\_\_  
*Address*

**SOPA/SOYO Multi-Sports Training Camp**

(name of event)

\_\_\_\_\_  
*City*

*State*

*Zip*

\_\_\_\_\_  
*Area/County Name*

\_\_\_\_\_  
*Home Phone #*

\_\_\_\_\_  
*Coach/Chaperone's Signature*

*This form is to be submitted with the Volunteer Coach Application and mailed by April 1, 2020 to:  
 V. Rev. Anthony G. Yazge, 201 St. Ignatius Trail, Bolivar, PA 15923*

**Volunteer Disclosure Statement  
for 17 Years of Age or Younger and/or Non PA Residents**

Special Olympics Pennsylvania mandates all Class A Volunteers (those individuals who are or have opportunity to be alone and/or in close regular contact with participating Special Olympics athletes) to submit a Criminal Record Check (PA State Police) through their local program. For cases where this is not possible, (individuals 17 years of age or younger and/or non-Pennsylvania residents) this Disclosure Statement must be completed and signed. If this procedure is not followed, the individual will not be allowed to volunteer for Class A positions (coach, overnight chaperone, etc.).

By providing my signature below, I swear/affirm that I have not been convicted of any crime in any state or country.

I further understand that as a non-Criminal Record Check Class A confirmed volunteer for Special Olympics Pennsylvania, I am not to be alone (without the presence of another Criminal Record Check Class A verified volunteer) with any participating Special Olympics athlete during the course of my duties as a volunteer with Special Olympics Pennsylvania and its programs and/or events.

I hereby swear/affirm that the information I provide is true and correct. Also, by signing this Volunteer Disclosure Statement, I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_/\_\_\_/\_\_\_ **S.S.#** \_\_\_-\_\_\_-\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_

**WITNESS SIGNATURE\*** \_\_\_\_\_

**EVENT NAME** \_\_\_\_\_

**VOLUNTEER POSITION** \_\_\_\_\_

\*The "Witness Signature" should be the individual who is acting on behalf of Special Olympics Pennsylvania in a recognized official capacity (staff liaison, event director, program manager, etc.)

In the event that the above information cannot be affirmed positively (i.e., a criminal record exists), please notify the SOPA, Inc. event liaison or program manager. You will be ineligible to volunteer in a Class A capacity until further notice and actions.

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# NAC SOYO Special Olympics 2020

## August 7 - 16, 2020

ANTIOCHIAN VILLAGE

### Volunteer Coach CLERGY REFERENCE FORM

Please mail completed reference form by April 1, 2020 to:

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Phone: (724) 238-9565 FAX: (724) 238-6415 Email: franthony@avcamp.org



**INSTRUCTIONS FOR THE APPLICANT:** Please complete this part before giving it to your parish priest.

I, the undersigned, have agreed to waive my right to read this reference. After my reference writer completes this form, I will collect this reference inside an envelope with my priest's signature over the sealed flap and I will send it together with all other application materials, or arrange to have it sent directly to the camp by the April 1 deadline.

		/ /
Applicant Name	Signature	Date
Priest's Name	Parish	City, St/Pr:

**INSTRUCTIONS FOR CLERGY REFERENCE WRITER:** After completing this form, please place it in an envelope and sign your name over the sealed outside flap, and return it to the applicant. Your prompt completion of the form is greatly appreciated. If you prefer, you may mail the form directly to us at the above address. Thank you for your time and your valued assistance.

***Part I: Rating of Personal Qualities*** How long have you known the applicant? \_\_\_\_\_

No one candidate will excel in all areas listed below. Please candidly evaluate the applicant based on your observed knowledge using the following scale definitions. Please circle one for each category.

<i>In my opinion, the applicant:</i>	<i>Completely Agree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Disagree</i>	<i>Completely Disagree</i>	<i>No basis for rating</i>
Can be depended on to follow through with responsibilities	5	4	3	2	1	NB
Seems more mature than his/her peers	5	4	3	2	1	NB
Is considered by most to be a motivated person	5	4	3	2	1	NB
Is perceptive to situations going on in his/her surroundings	5	4	3	2	1	NB
Shows initiative in taking on responsibility	5	4	3	2	1	NB
Shows leadership in official and/or unofficial capacities	5	4	3	2	1	NB
Is often insensitive to the needs of others	5	4	3	2	1	NB
Demonstrates good problem solving skills	5	4	3	2	1	NB
Would be easily entrusted with the care of my own children	5	4	3	2	1	NB
Works as a team member	5	4	3	2	1	NB
Would probably respond well in crisis situations	5	4	3	2	1	NB

## **Part 2: Narrative Report**

1. How would you describe the applicant's participation at Liturgical services?

- Frequently       Regularly       Attends sporadically       Never attends

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. How would you describe the applicant's participation in the Sacraments (Confession and Communion)?

- Regularly       Infrequently       Almost never       Never

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. In which parish organizations has the applicant been active (circle as many as apply):

- Teen SOYO / Youth Group      Choir      Altar Server      Church School Teacher

Other: \_\_\_\_\_

4. Do you have any concern(s) about the applicant in regards to working with people with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

5. How would you recommend this applicant for a position at the Antiochian Village?

- Without reservation       With reservation       Not at all

6. Please make any additional comments you think might be helpful to us in determining whether this applicant has the qualifications to be a hardworking member of the leadership team and the moral, Christian model among their peers.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all statements made or indicated on this Reference Form are true and represent my honest appraisal of the qualifications of the applicant.

\_\_\_\_\_  
(Signature of Reference Writer)

If needed, may we contact you for more information?  Yes  No

Daytime Phone Number: \_\_\_\_\_

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