



# Introduction to Leadership: Practicum Application (pg 1)

## Section A: General Information

**Athlete** Name: \_\_\_\_\_ Program: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Mentor** Name: \_\_\_\_\_ Program: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

## Section B: ALPs University Practicum Information

Date of Class: \_\_\_\_\_ Instructor(s): \_\_\_\_\_ Due Date: \_\_\_\_\_

### *Practicum Goals Completed:*

Class A volunteer Completion Date: \_\_\_\_\_

Watch the video, "A Quick Guide to Special Olympics Divisioning" at:

<https://www.specialolympics.org/stories/volunteers/game-on-a-quick-guide-to-special-olympics-divisioning>

Describe your volunteer activities and how long you volunteered.

	Date	# of hours	Description
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Describe what you learned about leadership during this practicum:



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### Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

### Section D: Approval

*Must be signed below:*

_____	_____	_____	_____
Signature of ALPs Athlete	Date	Signature of Mentor	Date
_____	_____	_____	_____
Signature of ALPs County Coordinator	Date	Signature of ALPs Coordinator	Date

**Please submit completed application to:**

1. [alpsuniversity@gmail.com](mailto:alpsuniversity@gmail.com)

OR

2. Special Olympics Indiana  
6200 Technology Center Drive, Suite 105  
Indianapolis, IN 46278  
*or*  
fax (317) 328-2018