

Local Program Coordinator Orientation



Special Olympics
Montana



The Special Olympics Mission ...



... is to provide year round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities; giving them continuing opportunities to develop:

- physical fitness
- demonstrate courage
- experience joy

And participate in a sharing of gifts, skills and friendship with:

- their families
- other Special Olympics athletes
- the community.

Training for life through sports

Local Program Coordinator

Job Description



The **Local Program Coordinator** (LPC) is:

- A volunteer who **believes** in the value of Special Olympics sports training and competition opportunities for athletes
- Enjoys **organizing** participation in Special Olympics for athletes in their home community and across the state
- Is committed to **inviting** others to volunteer with Special Olympics Montana

Local Program Coordinator



Responsibilities

- **Recruitment** and **vetting** of volunteers as needed (Coaches, Chaperones, etc.)
- Submission and management of all **athlete and volunteer paperwork**
- Arrangement of **facilities**; planning and organization of athlete training sessions
- **Communication** with athletes and families/guardians about all aspects of local program
- Completion and submission of Area and State **Games Registration**
- Involvement with **fundraising** events to support the local team
- Commitment to good **communication with Area Management Team** (AMT). LPC may attend AMT meetings
- Timely response to SOMT requests for data and information
- Management and submission of **annual team budget**

SOMT Info



Special Olympics
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Official SOMT Sports



Spring/Summer

- Aquatics
- Bocce
- Cycling
- Golf
- Gymnastics
- Soccer
- Athletics

Winter

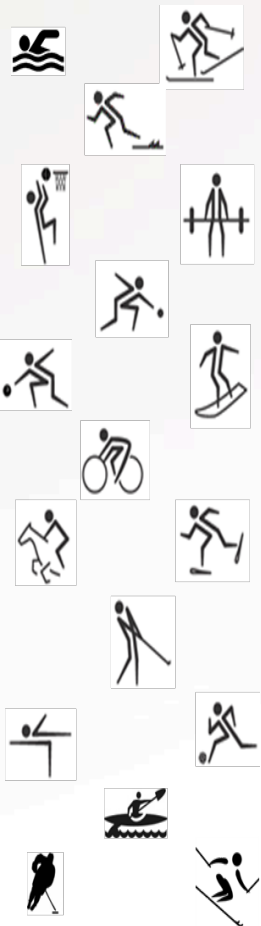
- Alpine Skiing
- Cross Country Skiing
- Snowboarding
- Snowshoeing
- Bowling

Fall

- Basketball

Unified Sports

- Aquatics
- Basketball
- Bowling
- Bocce
- Golf
- Soccer
- Athletics
- Alpine Skiing
- Cross Country Skiing
- Snowboarding
- Snowshoeing



Official SOMT Sports



Winter

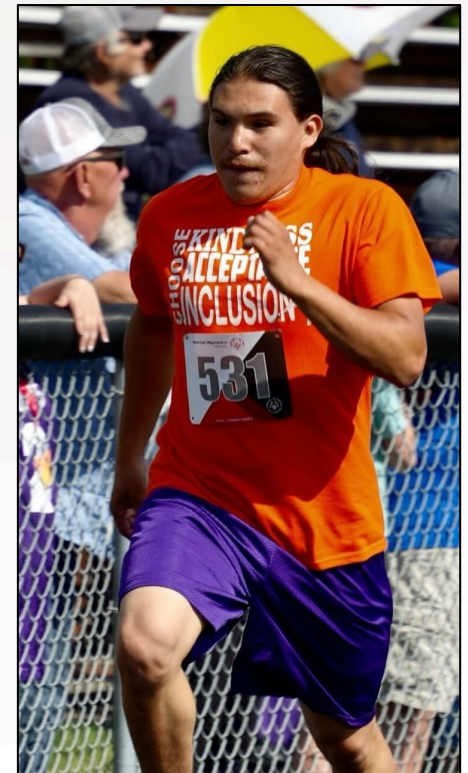
- Area Winter Games (January-March)
- Regional Bowling Championships (January-February)

Spring

- Area Spring Games (April-May)
- State Summer Games (May)

Fall

- Area Basketball (October/November)
- State Basketball (November)



Area Map



- Glacier Area
- Five Valleys Area
- SouthWestern Area
- Big Sky Area
- TriCounty Area
- Charles M. Russell Area
- NorthEastern Area
- Yellowstone Valley Area

Local Area Information

Special Olympics
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Area Management Team



People to get to know



Area Director - volunteer that

leads the Area Management Team and LPCs

Outreach Coordinator-SOMT part time employee that will help with athlete and volunteer recruitment

Finance Coordinator-volunteer that takes care of reimbursements and all your budget needs

Attending AMT meeting is strongly encouraged!

Area Events



Each Area is unique and offers different opportunities for their athletes and communities.

- Polar Plunges-*December-February*
- The following *may* occur in each area:
 - Summer Events & Camps
 - Dances/Parties
 - Local Community-Specific Events
 - Med Fests
 - Sport Skills Clinics
 - LETR Events
 - Fundraisers (with prior approval)



Types of Volunteers

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4 Types of Volunteers



- **Class A Volunteer** - volunteer who is heavily involved, has regular contact with teams
- **Day Of Volunteer** - volunteer who shows up for events to volunteer on that day, one time only. Is not associated with a team.
- **Coach** - volunteer who is certified through concussion and sports training in addition to being a Class A Volunteer.
- **Unified Partner** - volunteer who participates alongside athletes in sports training and competition.

Paperwork

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Registration Forms Cheat Sheet



Athletes

- Athlete forms that must be **renewed every 3 years:**
 - Medical Form
 - Consent Form
 - Athlete Code of Conduct

Class A Volunteers/Unified Partners

- Unified Partner forms that must be **renewed every 3 years:**
 - Volunteer/Unified Partner Application
 - Protective Behaviors Test
 - Background check if 18 or over (must have SS# and DL# in order to complete) OR
 - Reference Check if 17 and under (must have 2 non-family names and phone numbers but if you know this Unified Partner, you can write a few sentences as a reference for them)
 - Volunteer/Unified Partner Code of Conduct
 - Concussion Training if working closely with athletes



Registration Forms Cheat Sheet



Coaches – Certified

- Renew **every 3 years**:
 - Volunteer/Coach Application
 - Protective Behaviors Test
 - Concussion Training
 - Level 1 – Sport Assistant Training (Online Coach Education from SOI)
 - Background check if 18 or over (must have SS# and DL # in order to complete) OR
 - Coaches can be 16-18 with supervision at venue/facility. Reference Check if 17 and under (must have 2 non-family names and phone numbers but if you know this Unified Partner, you can write a few sentences as a reference for them)
 - Coach Code of Conduct

Athlete Medical Form

Required for all athletes



- Completed and signed by **Athlete/Guardian** and **Physician**
- Needs to be renewed every **three years**
- If athlete checks “yes” on objection of medical care, athletes **must** complete additional **Emergency Medical Care Form**
- LPCs **must** review to ensure document is complete
- Accessible form available upon request

Athlete Code of Conduct



Athletes are expected to always exhibit good sportsmanship

All Athletes **must** complete the appropriate documents, including the Code of Conduct

Local Programs have the option of requiring resubmissions before every season

Local programs may utilize a behavior contract and to enforce attendance, communication and other expectations.

Special Olympics Release Form



Required for all Athletes

- All Special Olympics athlete must complete
- Needs to be renewed every **three years**
- Allows athletes to: Participate in the **Healthy Athletes** program and **receive medical treatment** at training/competition
- Allows SOMT use of athlete photos and videos

Center of Excellence-Volunteers Only



- Center of Excellence on Team Planning Page
- Watch Town Hall Training
 - [Special Olympics Montana | Center of Excellence](#)
- Come to COE Office Hours if you need support
 - See SOMT Team Planning Page COE page for office hours dates and times

Center of Excellence



- Unified Partners or volunteers under the age of 18
 - Must have parent create account and add them to the account
 - Must have two non-family references (teacher, coach, counselor, etc.)
- Additional Required Training within the COE
 - Concussion Training
 - Protective Behaviors
- Background Check
 - Each volunteer will now request their own background check within the COE
 - Email is sent and they click Order Background Check

Brand New Volunteers



Welcome to the Special Olympics Portal

Be a part of something bigger

Discover the joy of sports and inclusion by becoming a Special Olympics athlete, volunteer, or coach.

If you do not have a Special Olympics account, start here:

[CREATE AN ACCOUNT](#)

[Already have an Account?](#)



Helpful Tips



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Work smart, not hard



- Make sure your own participation forms are up-to-date.
- Turn in **100% completed packets**, if not it will come back to you.
- Get familiar with the signature box locations, make sure all are **signed and dated**.
- Make an **earlier deadline** than the SOMT deadline. Give yourself/team a large enough time window to collect paperwork and formulate your roster.

Do we need to get up & move?



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Risk Management

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Assessing Risk



- Serving in a volunteer position requires good judgement and management of reasonable risks.
- Position trainings contain information about risk management, safety and fiduciary responsibility.
- Prioritizing safety in Special Olympics activities is vital to providing a positive atmosphere for our athletes and volunteers.

Sports Training and Competition



During Practice Sessions

- In coordination with other team volunteers, identify who will have possession of emergency information for both athletes and volunteers. That volunteer will disseminate information to emergency personnel if necessary.
- Always have a basic first aid kit available at every practice and competition.

During Competitions

- Walk through the facility to ensure it is safe for your participants and note all exits.
- Always travel with a basic first aid kit.
- As a coach, be aware of where medical services are located.

Insurance Contracts



Practice Facilities/Venues

- Contracts- Local Program Coordinators or Head Coaches submit contracts and/or facility use agreements, if requested from the venue, to Lisa Romig (lromig@somt.org) at the SOMT office for approval and signature.
- Please DO NOT sign any contracts on behalf of SOMT.
- All contracts and/or facility use agreements can only be signed by SOMT COO or CEO.

Incident Reports

Required for all athletes



American Specialty Insurance **SPECIAL OLYMPICS** **Special Olympics**
FIRST REPORT OF ACCIDENT/INCIDENT

U.S. Program/Area: _____ Date of Incident: _____

Injured Person/Party Information Date of Birth: ___/___/___ Age: _____

Name: _____ (Last) (First) (MI)

Address: _____ (Street) (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____

Gender: Male Female Social Security Number: _____

TYPE OF INJURY/ACCIDENT:
 Bodily Injury
 Property Damage
 Automobile
 Other: _____

INJURED PARTY:
 Athlete Spectator
 Volunteer Unified Partner
 Coach Property Owner
 Employee
 Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary): _____

Site/event where accident occurred: _____

ACCIDENT OCCURRED DURING: <input type="checkbox"/> Training/Practice <input type="checkbox"/> Competition <input type="checkbox"/> Traveling to or from SO event <input type="checkbox"/> Other: _____	DISPOSITION: <input type="checkbox"/> Released to parent <input type="checkbox"/> Refusal of care <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Report only <input type="checkbox"/> Other: _____	BODY PART INJURED: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Torso <input type="checkbox"/> Back <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Finger (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Thigh (L/R) <input type="checkbox"/> Shin (L/R) <input type="checkbox"/> Toe (L/R) <input type="checkbox"/> Other: _____	SPORT: <input type="checkbox"/> Alpine Skiing <input type="checkbox"/> Aquatics <input type="checkbox"/> Athletics <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Bocce <input type="checkbox"/> Bowling <input type="checkbox"/> Chess/Checkers <input type="checkbox"/> Cross Country Ski <input type="checkbox"/> Cycling <input type="checkbox"/> Equestrian <input type="checkbox"/> Figure Skating <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kickball	SPORT cont.: <input type="checkbox"/> Power Lifting <input type="checkbox"/> Relay Game <input type="checkbox"/> Roller Skating <input type="checkbox"/> Sailing <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snowshoe <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Speed Skating <input type="checkbox"/> Swimming <input type="checkbox"/> Table Tennis <input type="checkbox"/> Team Handball <input type="checkbox"/> Tennis <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other: _____
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Contact/Care Provider Information (If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).)

Relationship to the injured person: _____ Employer Name: _____

Name: _____ Employer Address: _____

Address: _____ Work Phone: (____) _____

Home Phone: (____) _____

Does the injured person have medical insurance? Yes No

If yes, insurance is provided by: Injured Person Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____ Daytime Phone: (____) _____

Witness #2 Name: _____ Daytime Phone: (____) _____

Special Olympics Official / Representative (other than claimant)

Name: _____ Daytime Phone: (____) _____

Signature: _____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:
 HEALTH SPECIAL RISK, INC. (HSR)
 1618 Plaza # 4100 Medical Parkways, Carrollton, TX 75007
 Toll Free: 800.328.1114 | Fax: 972.512.5820
 Email: claims@hsr.com

SUBMIT LIABILITY CLAIMS TO:
 AMERICAN SPECIALTY INSURANCE
 7629 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
 Toll Free: 800.566.7941 | Fax: 260.969.4729
 Email: claims@americanspecialty.com

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY:
 AMERICAN SPECIALTY AT 800.566.7941.
 We provide 24/7 Emergency Claims Phone Coverage.

- Completed if Athlete or Volunteer is injured at **training** or **competition**

- Turn in to Rae Smith or Sherry Rudolph

Includes:

- Travel to and from an event
- Non-Competition venues (i.e. hotels)

Misconduct Report Form

Required for all athletes



For Office Use Only
SOMT Approval by: _____
Signature/Date: _____

Behavior Incident / Misconduct Report Form

This report should be completed to report a situation at any SOMT event where a participant creates a behavior problem that violates the code of conduct, is detrimental to participating athletes, or affects the positive image of Special Olympics participants. Participants include athlete, coach, volunteer, family member, spectator, staff or official at any SOMT event.

Person filing this report:

Print Name & Sign:	
Date Form was Completed:	
Address, City, State, Zip:	
Telephone and Email address:	

Person exhibiting problem behavior:	
Date of Incident:	
Event Where Incident Occurred:	
Role with SOMT:	

Please Describe the Incident:

--

Action Taken at the Time of Incident:

--

Witnesses to Incident:

Name & Role with SOMT	Signature

Comprehensive Action Plan for Incident: (one on one supervision, suspension, expulsion, etc.) To be completed when final action plan is decided upon

Date	Action to be Taken

Completed following **behavioral** issues that:

- Violate the Athlete Code of Conduct
- Is detrimental to other participating athletes
- Affects the positive image of Special Olympics participants
- Turn in to Rae Smith or Sherry Rudolph

Athlete Housing Policy

Approved by SOMT Board 2/23/14



Gender

Exceptions for married athletes, married volunteers, family members, and for certain housing situations (gymnasium, dormitories)

Age

Supervision

4 Athletes : 1 Volunteer

LPCs are expected to implement policy and create rooming lists as well as reserve hotel rooms for travel.

Hotel Rooms & Vacation Rentals

must have separate bathrooms/bedrooms per gender

Recreational Swimming Policy



Guiding principles:

What is Considered Recreational Swimming?

Recreational swimming is any swimming or swimming-like activities that occurs outside of sanctioned Special Olympics swimming or water-based sports (sailing, kayaking, canoeing, stand up paddle boarding) training or competition.

New: Service Animal Guidance

Located on the Team Planning page of the website

Athletes & Volunteers



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Special Olympics Athlete Oath



***“Let me win.
But if I cannot
win, let me be
brave in the
attempt!”***



Athlete Eligibility



- Young Athletes – Sport Play Program for children from 2 to 7 years old
- Competition Minimum Age – 8 years with no maximum age
- Person identified as having an intellectual disability
 - The person has been identified by an agency or professional as having an intellectual disability as determined by their localities
 - The person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing
 - The person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, self-direction, or self-care)

Roles for the Volunteer



Special Olympics is the LARGEST Volunteer Driven Organization In The WORLD

Athlete & Volunteer Paperwork Organization



- LPCs must manage a team medical binder, where they keep updated Athlete Medical Forms
- Medical Binders are to be present at **all** team events (practice, competition, recreation)
- Expired Athlete Medical Forms are to be **shredded** once they have been updated
- Volunteer Information-located in COE in Coach Zone

The “Green List” - the LPC’s best resource



- A tabbed spreadsheet for each Area, with all the expiration dates, for all athletes & volunteers on your team. Click your team’s tab to find your list.
- Sent **ONLY** to current certified LPCs, Area Directors and Outreach Coordinators.
- A full sample is available to access [HERE](#).
- Regularly clean out your Green List by sending Sue Hill people that are no longer on your team .
- All paperwork that has been expired for 3 years+ will be archived.

The "Green List"



Name last/family, first	Person type	DOB	Group	Consent Signed	Medical Exp	Code of Conduct
Banner, Bruce	Athlete	3/5/2005	TCTT - TriCounty Tornadoes*	9/6/2023	9/6/2026	9/4/2027
Drew, Jessica	Athlete	2/26/2009	TCTT - TriCounty Tornadoes*	4/17/2024	4/17/2027	
Panther, Black	Athlete	3/8/2009	TCTT - TriCounty Tornadoes*	2/28/2022	1/1/2025	8/27/2027
Danvers, Carol	Coach	5/21/1963	TCTT - TriCounty Tornadoes*			8/9/2027
Pym, Hank	LPC	7/3/1975	TCTT - TriCounty Tornadoes*			8/27/2027
Parker, Peter	Unified Partner	8/15/2006	TCTT - TriCounty Tornadoes*			9/13/2027
Ken, Malibu	Volunteer	11/28/1966	TCTT - TriCounty Tornadoes*			

- Black = Up-To-Date
- Red = Expired
- Blue = Expiring in 3 months

Additional Opportunities Athletes

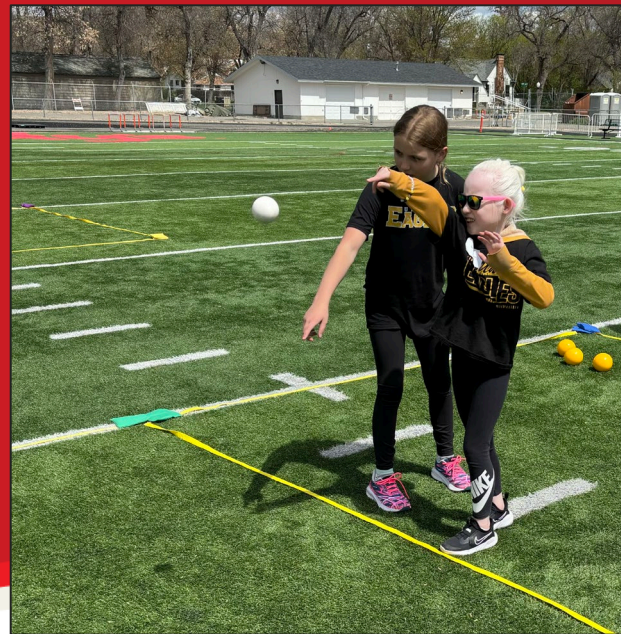


- Healthy Athletes
- Law Enforcement Torch Run
- Unified Champion Schools
- Athlete Leadership Program



Unified Sports

“On the field we are teammates, off the field we are friends.”



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Unified Sports Offered



Winter Sports:

- Snowshoe
- Alpine Skiing
- Cross Country Skiing

Summer Sports

- Aquatics
- Athletics
- Golf
- Soccer
- Bocce



Bowling

Basketball

Child and Adult Unified Partners Opportunities

Unified Champion Schools



- School-based program designed to promote **inclusion**
- Program Components:
 - Unified Sports
 - Inclusive Youth Leadership
 - Whole School Engagement
 - SOMT Contact: Terri Norman-tnorman@somt.org

Coaches



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Unique Sports Organization



- Sports opportunities for **all ability levels**
- **Divisioning** for equitable competition
- Awards for **all** participants
- **Random draw** for advancement to higher levels of competition
- **No fees** charged to athletes or family members

Coaching Education System



Coach Training is offered for all sanctioned SOMT sports, following seasonal deadlines.

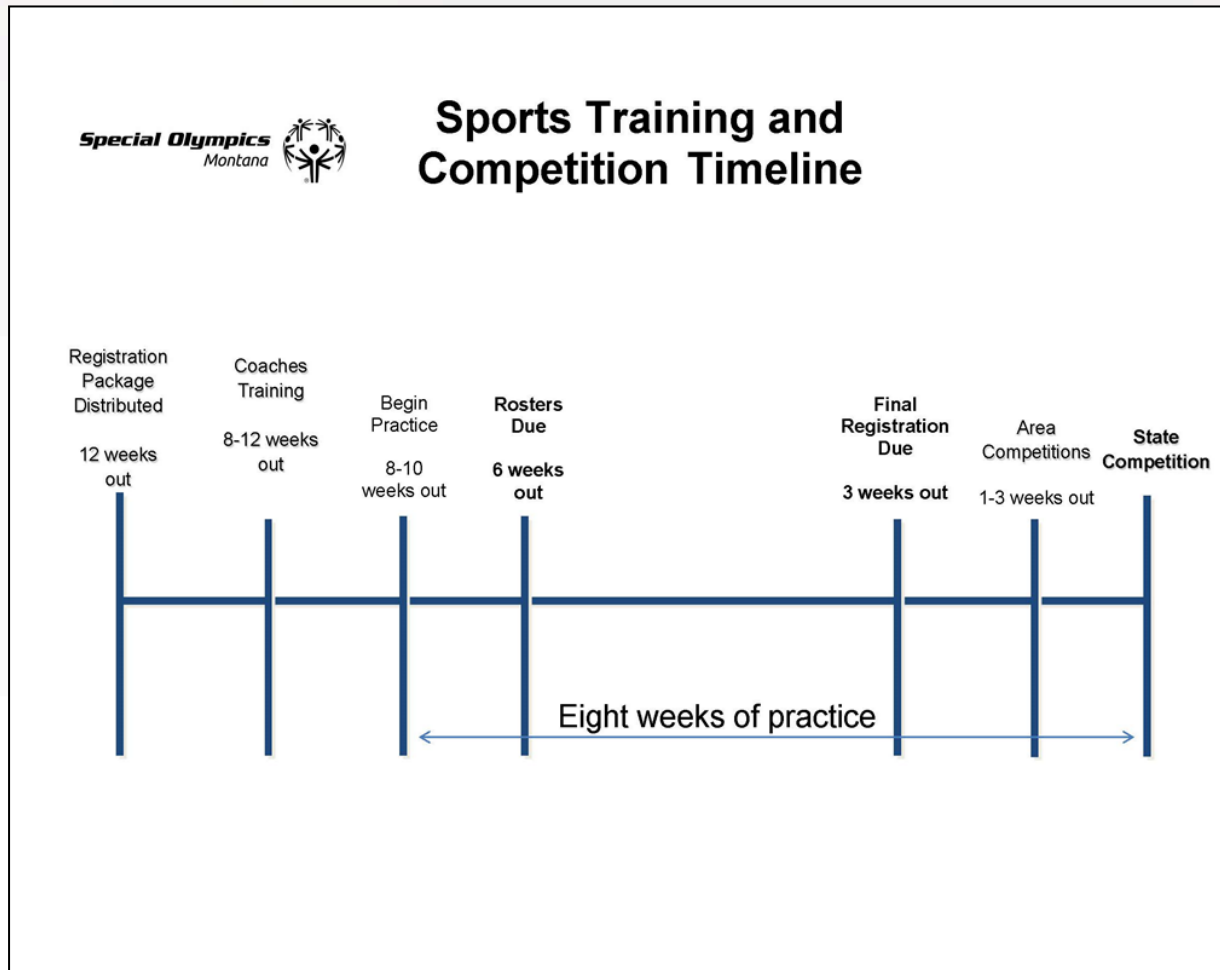
Options for training include:

- Sport-specific coach training videos are available in a drop-down menu on the “Coach Education” page of the SOMT website with the quiz embedded at the beginning of each season.
- Coaches have the option of pursuing advanced training levels within the SOI Learning Portal.
- Any Coach questions, contact Bill Polk bpolk@somt.org

Training & Competition Timeline



****You must follow paperwork guidelines and deadlines to make sure you do not have scratched athletes, volunteers, and coaches.****



Finances



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Annual Team Budget

Items to bring to budget training



- Current Team Account Balance
- Registration Fees for area/state events
- Hotel & Transportation Costs
- Sports/Adaptive Equipment
- Food/Beverage Costs
- Coach's Clinics/Conferences

- Raffle Sales from Previous Year
- Accurate athlete/volunteer numbers
- Uniforms (requires branding approval)
- Social Gatherings & Celebrations
- Practice Facilities (requires insurance)
- Postage/Office Supplies/Copies



**Due to your Finance Coordinator
every mid-October.**

Money Handling Guidelines



- Comply with all Special Olympics policies, local laws, and regulations related to financial handling.
- Participate in any required training related to financial procedures and ethical conduct.
- Treat all donations and funds as sacred trust given to support athletes and programs.
- Never use Special Olympics funds for personal use or unauthorized purposes.
- Ensure that every dollar is used efficiently and in alignment with the mission of Special Olympics Montana.
- Follow procedures for collecting, recording, and depositing money and report any discrepancies immediately to SOMT staff.

The highest level of honesty & integrity.

Team Budgeting Forms



Meet with your Finance Coordinator



Find out AMT Finance best practices

- Getting reimbursements.
- Find out current balance.
- How to set up hotel reservations.
- How to request team funds.
- Allowable Expenses are determined by Area's Finance Guidelines, make sure to reference.
- BE SURE TO ALLOW ENOUGH LEAD TIME (60 Days) before attempting to spend team funds.

Fundraising

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Fundraising Opportunities



MTN/Chevy Raffle

- November – May
- \$4 of every \$5 dollars

Polar Plunge

- November – March
- 60/40 split after expenses



MacKenzie River Pizza

Tip-a-Cop

- August/September
- 60/40 split after expenses

Fundraising Approval Form



- Filled out and submitted to SOMT Development Director, Brenda Hergott, bhergott@somt.org, prior to fundraising event marketing or sponsor contact.
- Link [HERE](#)
- Must be approved to use SOMT Logo and Insurance

Any additional fundraiser outside of Raffle, Tip-A-Cop, and Plunge MUST be pre-approved.

Gifts in Kind



In-kind contributions are **goods** and/or **services** donated instead of cash



Submit [THIS FORM](#) to Development Department at SOMT

Amy Sterling

asterling@somt.org

For resources visit:

<https://www.somt.org/forms-resources/team-planning/>

<https://www.somt.org/forms-resources/>

<https://www.somt.org/staff/>

<https://www.somt.org/fundraising-events/>

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Set Yourself Up for Success:



Attend LPC Office Hours-4th Tuesday every month@ noon and
5:15 p.m.

Login info click [HERE](#)

Google Drive Access gifted after you attend

Stay up to date:
[@specialolympicsmontana](https://www.facebook.com/specialolympicsmontana)



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Thank You!



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