

Local Program Coordinator Training Presentation

***Special
Olympics***
Montana



SOMT Outreach Staff

We are here to help



Rae Smith
Outreach VP



Sherry Rudolph, Outreach
Senior Director



Colette Getten
Central Program Coordinator

“Our vision is an inclusive world for all, driven by the power of sport, through which people with intellectual disabilities live active, healthy, and fulfilling lives.”

SOMT Mission



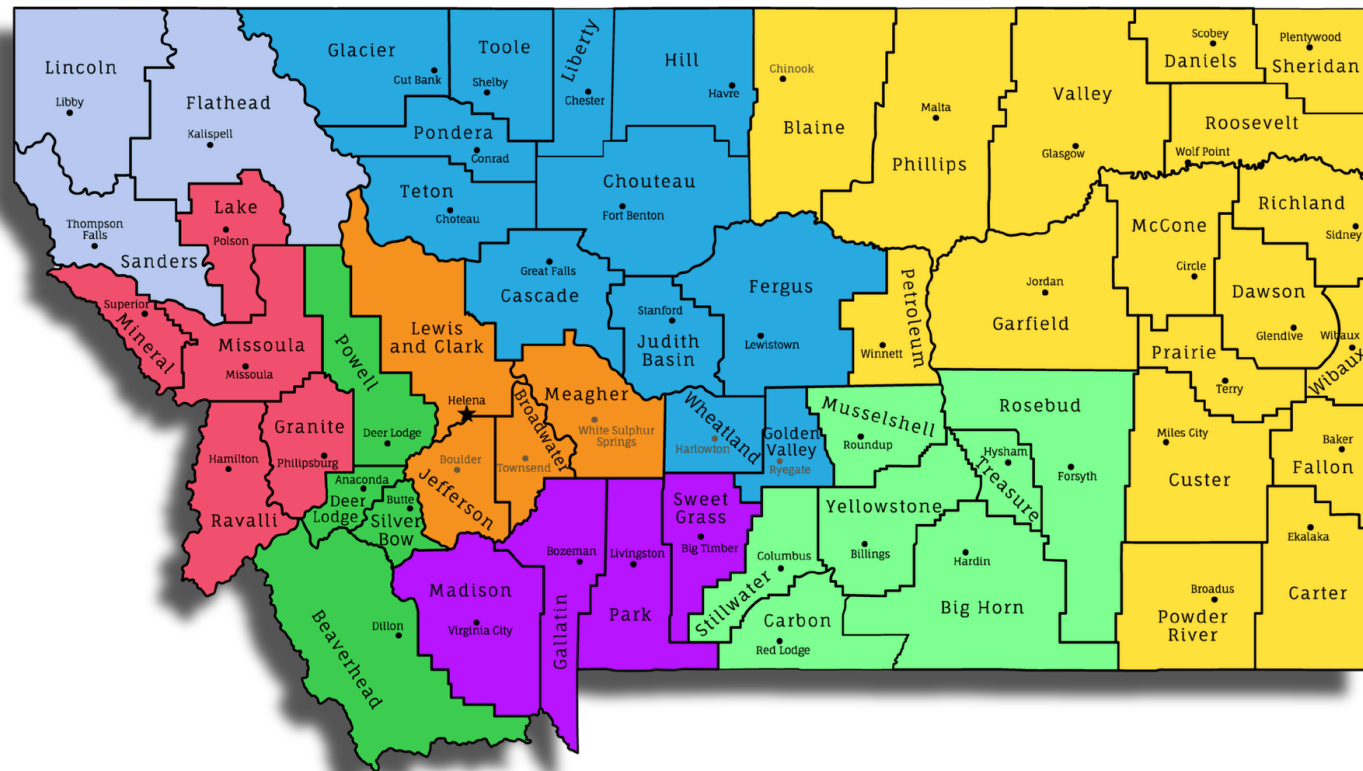


Local Area Information



How SOMT identifies your region or community

- **SWAR**
- **BSAR**
- **YVAR**
- **NEAR**



Area Management Team





Local Program Coordinator



You are integral to the success of our mission - thank you!

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

Also known as the “Athletic Director” of the team..



LPC Responsibilities Overview

- Volunteer & athlete recruitment
- Manage team in COE (online system)
- Direct logistics for team practices
- Fosters positive team culture
- Track accurate team performance data
- Submit Games registrations
- Create, manage & monitor team budget
- Promote & lead team fundraising
- Execute team travel arrangements
- Communicate with area volunteers/staff
- Disseminate info to athletes/families





4 Types of Volunteers

- **Class A Volunteer**
- **Day of Volunteer**
- **Coach**
- **Unified Partner**



Class A Volunteer



- Day of Volunteer registration>Class A Combo form
 - Included are Code of Conduct & Conflict of Interest forms
- Background Check
- Protective Behaviors training
- Needed for - Team Volunteer, Chaperone, SOMT Board, LETR Council



Day of Volunteer

An individual who supports an SOMT event on short-term, one-time basis without ongoing commitment. They do not require Class A Volunteer registration but must follow basic safety and conduct guidelines.



Unified Partner

An individual without an intellectual disability who participates alongside Special Olympics athletes on the same team in training and competition. They require Class A registration.



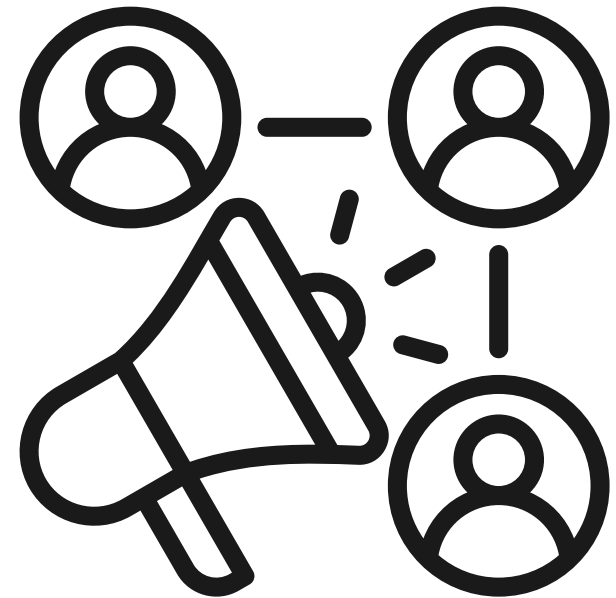
Coach

A trained and certified volunteer who is responsible for planning, organizing and leading sports training and competition events. They require Class A, Concussion training, Special Olympics Coaching Certification, and sport-specific training.



Recruiting Volunteers

- Converting Day of Volunteer
- Family & Team connections
- Outreach/Local Area
 - Area Management Team
 - SOMT website interest form (We will be sending volunteers to you!)



SOMT Athlete definition



- Identified as having an intellectual disability, cognitive delay, or limitations in learning & adaptive skills.
- Must be at least 8 years old to compete.
 - Younger children can join non-competitive “Young Athletes” program if available.
- Currently registered and participating in year-round sports programming with a sanctioned SOMT team.



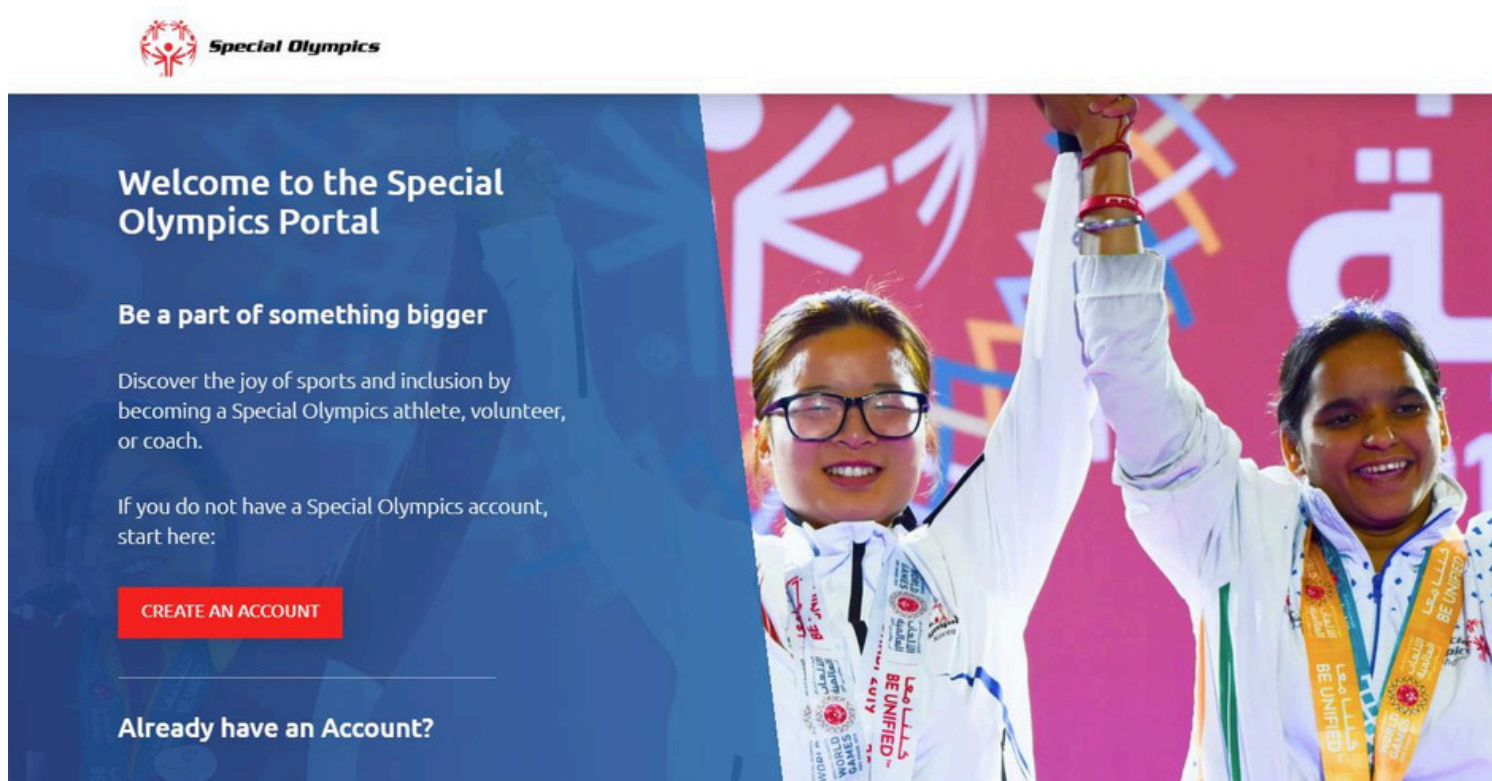
Recruiting Athletes

- Community/school connections
- Graduating seniors
- Outreach/Local Area
 - Area Management Team
 - SOMT website
 - Referrals from SOMT Office
 - We will be sending Athletes to you!



Center of Excellence

SOMT Online registration management system



Brand New Athletes & Volunteers

COE RESOURCES

ATHLETE REGISTRATION VIDEOS

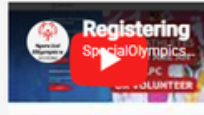
REGISTERING YOUR ATHLETE AS A PARENT OR GUARDIAN



COMPLETING YOUR REGISTRATION AS AN ATHLETE



COMPLETING YOUR ATHLETE'S REGISTRATION AS A VOLUNTEER:



QUICK GUIDES & OTHER RESOURCES

VOLUNTEERS/COACHES

[ACCOUNT CREATION: CLAIMING YOUR PROFILE](#)

[ACCOUNT CREATION: GENERAL PROFILE OVERVIEW](#)

[VOLUNTEER ZONE: BACKGROUND CHECK QUICK GUIDE](#)

Creating a Volunteer Profile:
(NEW Volunteers)



PARENTS/GUARDIANS

[ACCOUNT CREATION: PARENT GUARDIAN PROFILE](#)

[PARENT/GUARDIAN: MANAGING MY PARTICIPANTS](#)

[PARENT/GUARDIAN E-SIGN QUICK GUIDE](#)

ATHLETES

[ACCOUNT CREATION: ATHLETE PROFILE QUICK GUIDE](#)

[ADOBE E-SIGN FOR ATHLETES WHO ARE NOT THEIR OWN GUARDIAN](#)



Registering Class A Volunteers

Things to remember:

Unified Partners or volunteers under the age of 18

- Must have parent create account and add them to the account

Additional Required Training within the COE

- Concussion Training
- Protective Behaviors

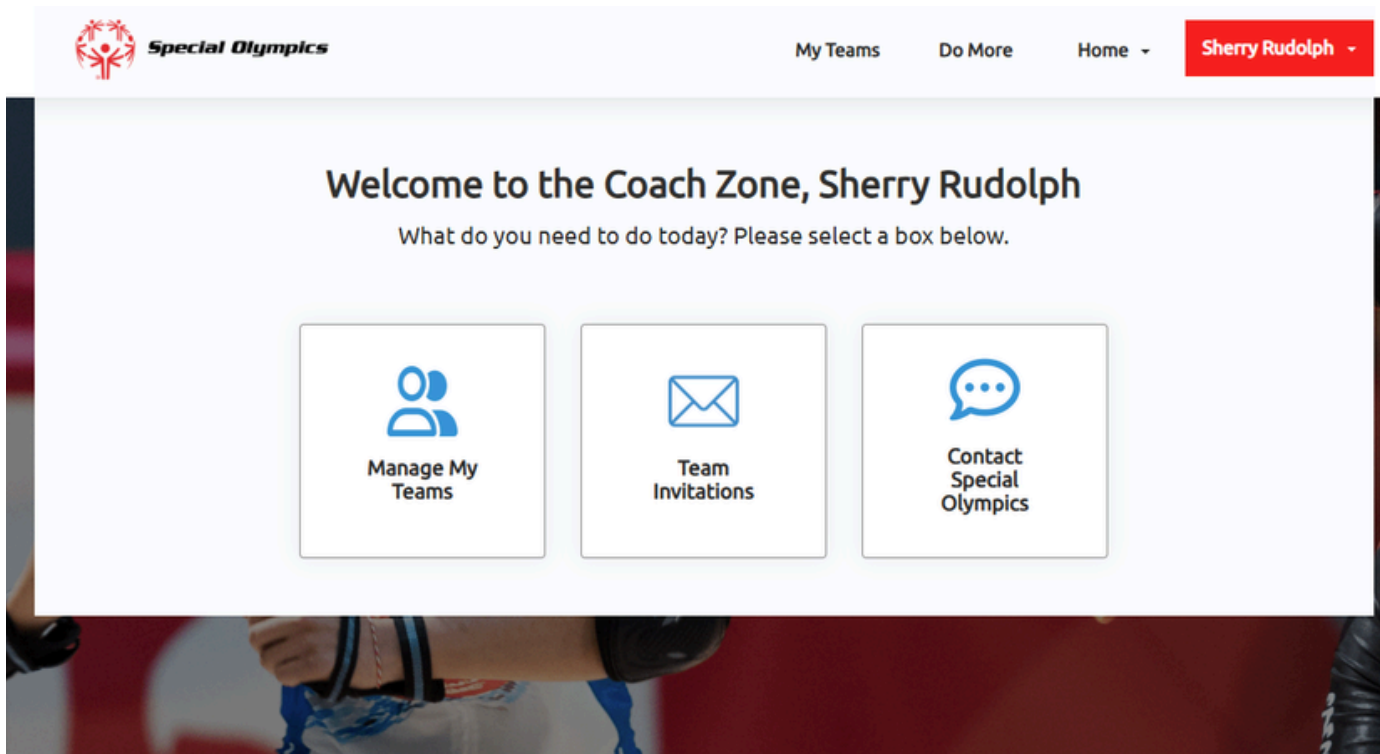
Background Check

- Each volunteer will now request their own background check within the COE
- Email is sent and they click Order Background Check



Are you registered?

Managing Team Members



Sue Hill is the
SOMT Records &
Registration
Coordinator. See
her with
questions.

Team Meetings



- Parent/Guardian Meeting
 - set expectations
 - provide practice and travel schedule
 - attendance policy
 - fundraising & athlete ambassador opportunities

Team Meetings

- Athlete Meeting
 - set expectations
 - provide practice and travel schedule
 - attendance policy
 - fundraising & athlete ambassador opportunities
 - Code of Conduct



Team Practices



- Facilities

- reserve facility
- fill out Usage Agreement/Contract
- do NOT sign-send to Lisa Romig to sign
- even if the space is “donated”, there must still be a hold-harmless contract in place

- Practice plans

- coaches must have practice plans
- include warm up, drills for skill improvement, cool down

All contracts of any kind to Lisa Romig
lromig@somt.org

Risk Management



- Always look at the facility before practice
- Be aware
- Know where AED/exits are
- Know address of venue for emergencies

Create Positive Team Culture

Have fun!



- Review Code of Conduct
- Set and model team expectations
- Consistency & predictability of team routines is critical
- Give specific positive praise often
- Encourage and model positive talk

Responding to Violations of Conduct



- Reteach and model expectations
- Redirect athlete to team activity
- Create individual plans for athletes when necessary

Responding to Violations of Conduct

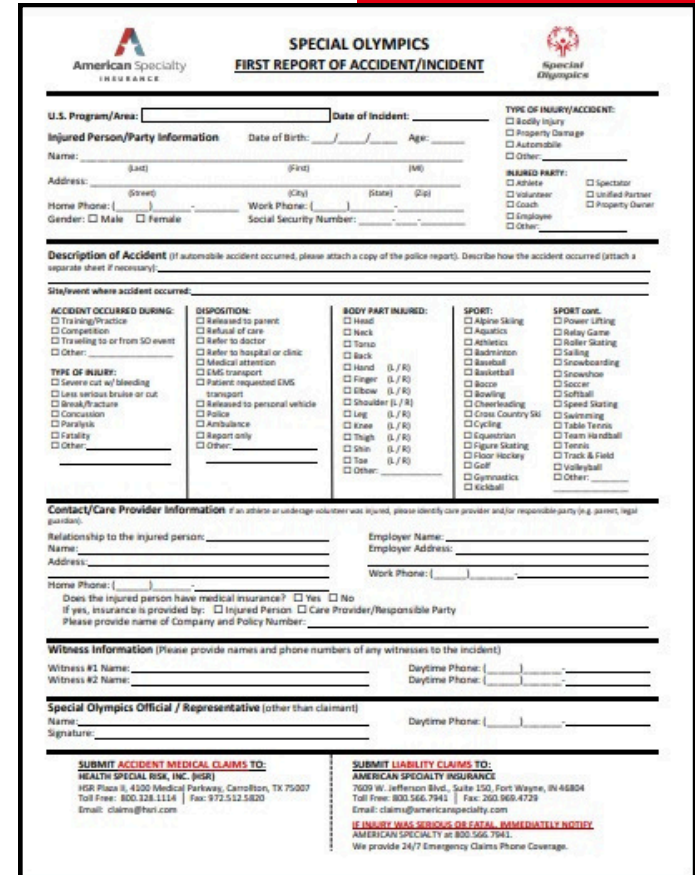
Completed Misconduct Report following **behavioral** issues that:

- Violate the Athlete or Volunteer Code of Conduct
- Is detrimental to other participating athletes & volunteers
- Affect the positive image of Special Olympics participants
- Misconduct Report forms located on SOMT Team Planning Page
- Turn in to Rae Smith (CRAR, FVAR, GLAR, TCAR) or Sherry Rudolph (BSAR, NEAR, SWAR, YVAR)

Special Olympics Montana		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	

Incident Reports

- Completed if Athlete or Volunteer is **injured** at training or competition
- Includes:
 - Travel to & from an event
 - Non-competition venues
- Incident forms located on SOMT Team Planning Page
- Turn in to Rae Smith (CRAR, FVAR, GLAR, TCAR) or Sherry Rudolph (BSAR, NEAR, SWAR, YVAR)



The form is titled "SPECIAL OLYMPICS FIRST REPORT OF ACCIDENT/INCIDENT". It includes logos for American Specialty Insurance and Special Olympics. The form is divided into several sections for data entry:

- U.S. Program/Area:** A blank line for program identification.
- Date of Incident:** Fields for month, day, and year.
- Injured Person/Party Information:** Includes Name (Last, First, MI), Address (Street, City, State, Zip), Home Phone, Work Phone, and Social Security Number. Gender is marked as Male or Female.
- TYPE OF INJURY/ACCIDENT:** A list of checkboxes for categories like Bodily Injury, Property Damage, Automobile, and Other.
- INJURED PARTY:** A list of checkboxes for roles such as Athlete, Volunteer, Spectator, Unlabeled Partner, Coach, Property Owner, Employee, and Other.
- Description of Accident:** A large text area for describing the incident, with a note to attach a police report if an automobile accident occurred.
- Site/Event where accident occurred:** A blank line for location details.
- ACCIDENT OCCURRED DURING:** A list of checkboxes for activities like Training/Practice, Competition, Traveling to or from SO event, and Other.
- DISPOSITION:** A list of checkboxes for medical and care outcomes, such as Released to parent, Referred to doctor, Referred to hospital or clinic, Medical attention, EMS transport, Patient requested EMS transport, Released to personal vehicle, Police, Ambulance, Report only, and Other.
- BODY PART INJURED:** A list of checkboxes for specific body parts, including Head, Neck, Torso, Back, Hand, Finger, Elbow, Shoulder, Leg, Knee, Thigh, Shin, Toe, and Other.
- SPORT:** A list of checkboxes for various sports, including Alpine Skiing, Aquatics, Athletics, Badminton, Baseball, Basketball, Snowboard, Soccer, Softball, Speed Skating, Swimming, Table Tennis, Team Handball, Tennis, Track & Field, Volleyball, and Other.
- Contact/Care Provider Information:** Fields for Relationship to the injured person, Name, Address, Home Phone, Employer Name, Employer Address, and Work Phone.
- Witness Information:** Fields for Name and Daytime Phone for two witnesses.
- Special Olympics Official / Representative:** Fields for Name and Daytime Phone.
- Submission Instructions:** Two columns at the bottom provide information on where to submit accident medical claims (to Health Special Risk, Inc. in Carrollton, TX) and liability claims (to American Specialty Insurance in Fort Wayne, IN). It also includes a note about emergency claims coverage.



**Special
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Coach Education

- Certification/training
 - located on SOMT webpage
 - training on how to score for games submission
 - coaches score and give you that information for you to submit on games registration forms



Bill Polk, SOMT
Sports Director

Games Registration

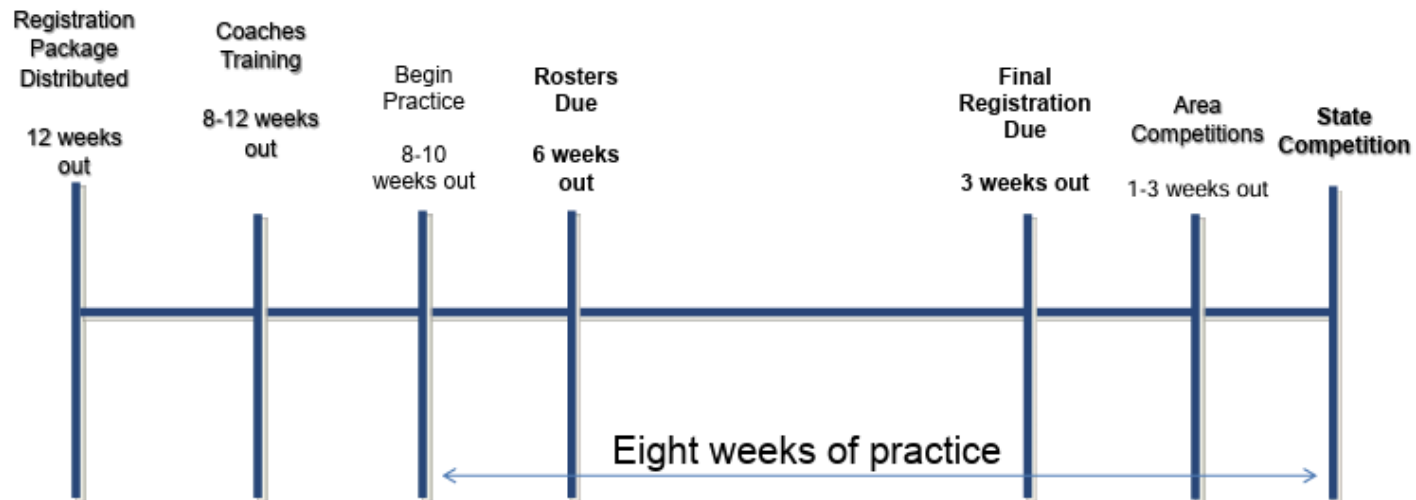
STATE SUMMER GAMES CONTACT			
Delegation (Team Name):		Teton Tigers	
LPC Name(s):		Steve Lettengarver/ Natasha Lettengarver	
LPC Phone Number(s):		406-555-3444/406-888-9999	
LPC Email(s):		stevelettengarver@icloud.com tashlettengarve@yahoo.com	
Additional Contact(s):			
Wednesday Lunch (Yes/No/#):	yes 22	Thursday Lunch (Yes/No/#):	yes 22
Friday Lunch (Yes/No/#):		yes	
Gluten Free Option (How many):		1	
Lodging - Where will your team be staying		Home2Suites	
My team will participate in Opening Cerem		Yes 22	
Number of team members with Wheelchai	1	Number of team members with walkers att	0
My team will attend Team Dineout on Thu		Yes 22	
Number of team members with Wheelchai	1	Number of team members with walkers att	
Will you be traveling by bus?		No	
Bus type/length (If applicable):	NA	Number of team members attending Team	22

Contact Info Roster Form Wednesday Events Thursday Events Friday Ev ... + : ◀ ▶

- Attend LPC Season Opener @ beginning of each season
- Sports Department will show you the registration form for State events & train step-by-step online (Sport-specific coach training)
 - questions ask Bill Polk-bpolk@somt.org
- Area Games Registration will be a different person you submit to- reach out to your Outreach Coordinator for support



Sports Training and Competition Timeline

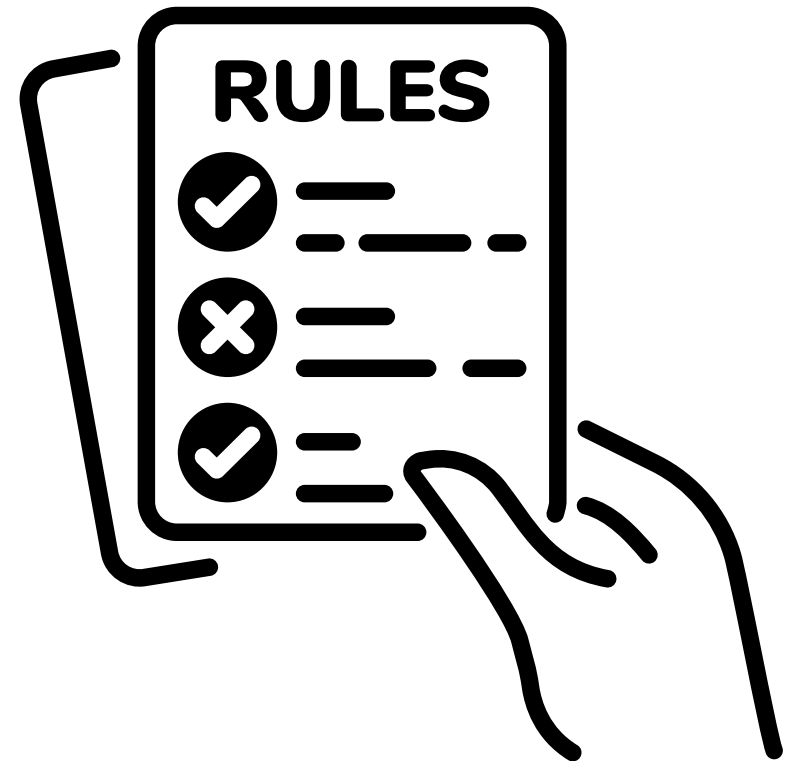


Maintain accurate athlete records, using the metric system for measuring and keep athletes/team in proper division.





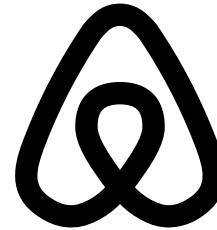
Special Olympics Travel Policies



- Transportation Policy
 - can NOT use 15 passenger vans.
 - must be Class A Volunteer who drives.
 - send Lisa Romig a copy of the contract so she can verify insurance.
- Swimming Policy
 - must have licensed lifeguard on duty.



Housing Policies

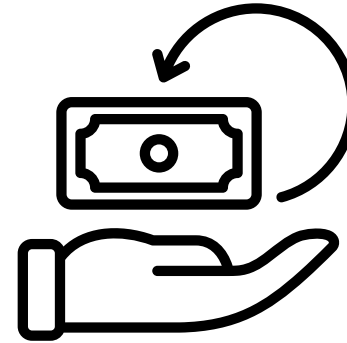


Room athletes with same gender/age

- exception would be married couple/family members
- should have own bed if possible -ask for cots/roll aways, etc.
- if bed sharing-athletes should sleep in own sleeping bag on top of bed
- must have 1:4 supervision at ALL times



Travel Funds



- Hotel Reservations
 - make reservations early
 - Direct Bill
 - work with Finance Coordinator (local volunteer on AMT)
- Request for Funds
 - Submit invoices to local Area Finance Coordinator
- Reimbursement
 - must submit receipts for everything
 - Montana State auditors need these

Team Budget

Special Olympics Montana - Annual Team Budget

Area / Team Name

Budget Year

Est # Athletes (needed for the Area Games budget)

Est # Unified Partners

Total Estimated # of Participants

Fundraising / Income

		Comments
Goal for # of Raffle Tickets		Goal: 5% over previous year team sales; Order in \$4 of every ticket sold
Net from Raffle Tickets	\$ -	
Foundation / Grants		
Individual Donations		
Corporate Sponsors		
Service Clubs		
Misc Fundraiser		Must complete Fundraising Approval Form
Polar Plunge		Payout from previous year
Torch Run		Payout from previous year
Other		
Other		Reminder - Endowment payout not guaranteed e
Total Estimated Income	\$ -	

Travel Costs

Estimated Travel Figures	Area Winter		Regional Bowling		Area Spring		State Summer Games		State Basketball Tournament		Area Basketball		Grand Total
	Games		meal	no meal	Games		meal	no meal	meal	no meal	meal	no meal	
Registration per person			\$ 20	\$ 15			\$ 35	\$ 30	\$ 30	\$ 25			
# of Athletes/Unified Partners													
# of Coaches / LPC's													
# of Chaperones / Other													
Total Estimated # Traveling	0		0	0	0		0	0	0	0	0	0	
Total Registration	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Est # of Rooms needed													
# of Nights													

Team Budget

- Create team budget yearly
- Budget training-October
- Work with local Finance Coordinator to spend your team budget
 - Especially when booking hotel rooms
 - Direct bill

Budget & Finance Information

- Appropriate Use of Funds
 - if you put the expense on your budget you are good to go
 - if not-must talk to Area Director and Finance Coordinator for approval
- Money Handling Procedures
 - must be a Class A volunteer to handle money
 - must have two Class A volunteers count money
- Uniforms
 - must submit logo to SOMT Marketing (Holly) before you order anything.
 - SOMT branding requirements.





Policies

[Athlete Housing Policy](#)
[Alcohol & Tobacco Policy](#)
[Passenger Van Policy](#)
[Recreational Swimming Policy](#)
[Service Animal Guidance](#)

Team Finances

[LPC Finance Guidelines](#)
[Funds Request Form](#)
[Reimbursement Request Form](#)
[Grant Request Form](#)
[Team/Area Accounting Form](#)
[Team Budget Template - PDF](#)
[Team Budget Template - Excel](#)
[Funding Opportunities](#)
[Hardship Grant Application Form](#)
[SSG Stipend Application Form](#)

**Resources on the Team Planning page of
the website - somt.org**



Fundraising

- No charge to participate
- SOMT is 100% donor funded
- LPC & Team responsibility to follow money handling practices and fundraising guidelines:
 - to avoid confusing donors about “local vs state” giving.
 - to stay in compliance with MT state auditor & gambling commission.
- Promote ALL fundraisers, help find athlete ambassadors and communicate to team/families when either is needed.



Types of SOMT Funding



Truck Raffle



Games Sponsors



National Partnerships



Grants from Private & Public organizations



Local & State Partnerships

Area Funding

- All Region/community (Area) sponsorships, corporate partners & fundraisers, gifts in kind
- Requires approval



Local Team Funding

- All Team sponsorships, corporate partners, workplace giving, fundraisers & gifts in kind
- Requires AMT/Finance oversight and approval





Law Enforcement Torch Run Fundraising



- 60% goes to identified Area or Team, 40% goes to Special Olympics Montana.
- LETR also has local/regional/state sponsors and an oversight role in the Fundraising Approval process.
- Opportunities for athlete ambassadors, friends, families, fans and entire communities to join the fun.



Fundraising Approval Form

This form needed for ANY and ALL fundraisers, each time they are held.



Brenda Hergott
Development
Director

Fundraising Approval Form Instructions

Special Olympics
Montana



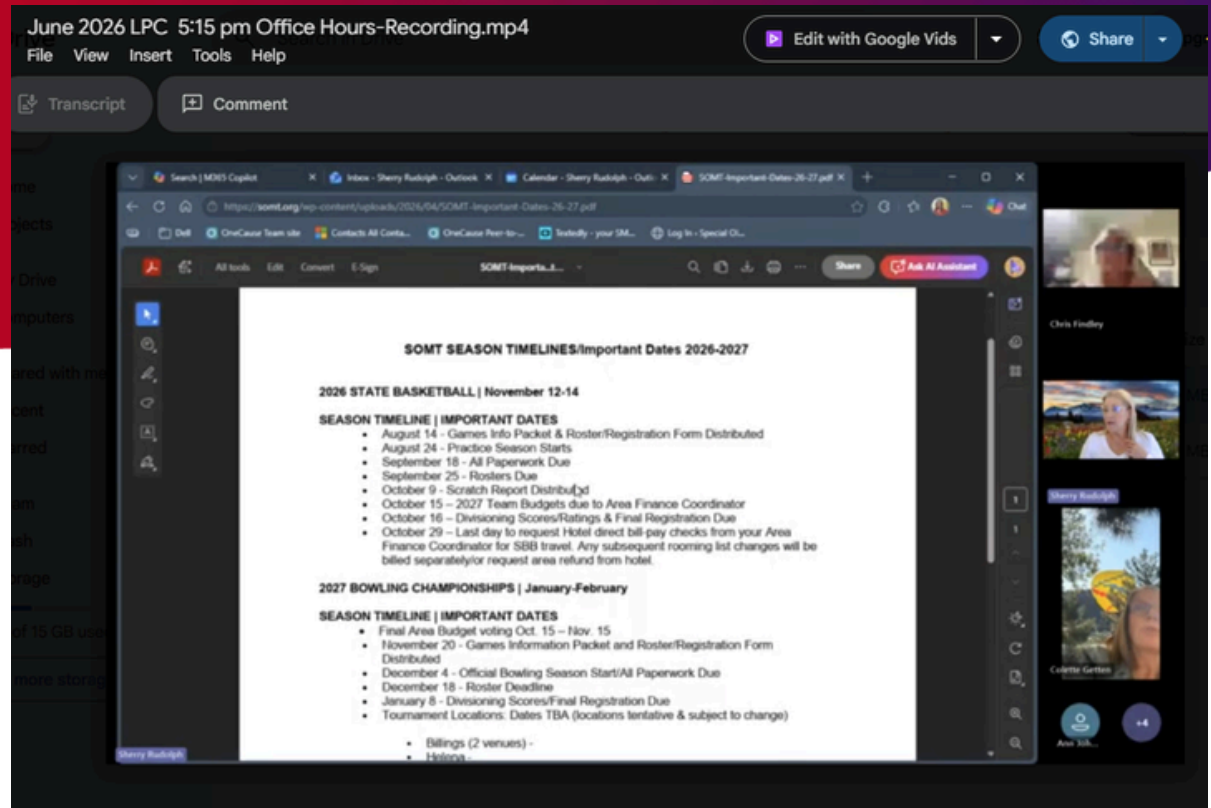
Special Olympics Montana (SOMT) follows fundraising guidelines set forth by Special Olympics North America (SONA) and American Specialty Insurance. Therefore, **ALL** fundraising approval forms must be submitted and approved by SOMT prior to any marketing including social media and printed materials and before contacting sponsors directly. SOMT has active sponsors in all areas and our development team can guide sponsor contacts so as to not duplicate asks.

For more information about **local area sponsors** please contact **Brenda Hergott**, Development Director:

Email: bhergott@somt.org
Phone: 406-315-4198



SOMT Support & Information



- LPC Office Hours-monthly
- Season Opener-before each sport season
- Green List News-monthly
- LETR Conference - yearly in March, budget for it each year

Local Support & Information



- Outreach Coordinator for your Area. Your first call or text.
- Attend your monthly Area Management Team meetings or listen/watch the recording, read the agenda.
- Area Director or another experienced Area LPC.

Distinguished Service Awards

- Athlete of the Year
- Coach of the Year
- Local Program of the Year
- Adult Volunteer of the Year
- Youth Volunteer of the Year
- Family of the Year
- Unified Champion School of the Year
- Spirit of Special Olympics (individual)
- Spirit of Special Olympics (organization)
- Hall of Fame



**When you see a worthy nominee throughout the year,
take the time to fill in a nomination form!**



Other SOMT Departments



Offer support & opportunities for athletes, teams and volunteers



Terri Norman
UCS Senior Director
phone: 406-315-4233
email: tnorman@somt.org



Mallory Frank
Health and Fitness Director
phone: 406-315-4230 email:
mfrank@somt.org



Kelly Herda
Athlete Leadership Coordinator
phone: 406-315-4201 email:
kherda@somt.org

Unified Champion Schools Health & Fitness Athlete Leadership



Holly Netz
Senior Director Marketing &
Communications

Watch the Branding & Communications 101 Video on the Team Planning page of the website!

- Designing team logos/Ordering uniforms
- Creating team logos/graphics for fundraising
- Posting/creating fundraising flyers or documents
- Before team or media inquiries for ANY interviews



Thank You!

Check SOMT's Website - somt.org

Follow SOMT Social Media & your Area channels



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Montana

