Special Olympics Montana

INTRODUCTION TO SPECIAL OLYMPICS - AMT TRAINING

Presented by:
Sherry Rudolph
Outreach Senior Director



“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



2025 GLOBAL REACH REPORT

Special Olympics

SPORTS

TOTALPARTICIPANTS
ATHLETES & UNIFIED PARTNERS

ATHLETES 5,139,344

4,121,750
PEOPLE WITH INTELLECTUAL DISABILITIES (ID)

YOUNG ATHLETES 350,793
AGES 2 TO 7 YEARS

MATP 78,119
MOTOR ACTIVITY TRAINING PROGRAM

UNIFIED PARTNERS 1,017,594

ATHLETE GENDER

39.5%	59.9%	0.5%
FEMALE	MALE	OTHER

COMPETITIONS 88,748

UNIFIED 31,372

COACHES 411,382

CERTIFIED 240,292

SPORTS PARTNERSHIPS 1,376

LEADERSHIP &COMMUNITY

VOLUNTEERS 963,899

ATHLETELEADERS 58,918

NUMBEROFPAID STAFF WITH ID 274

HEALTH

HEALTHYATHLETES SCREENINGS 105,486
HEALTH CARE

WORKERS TRAINED 165,985

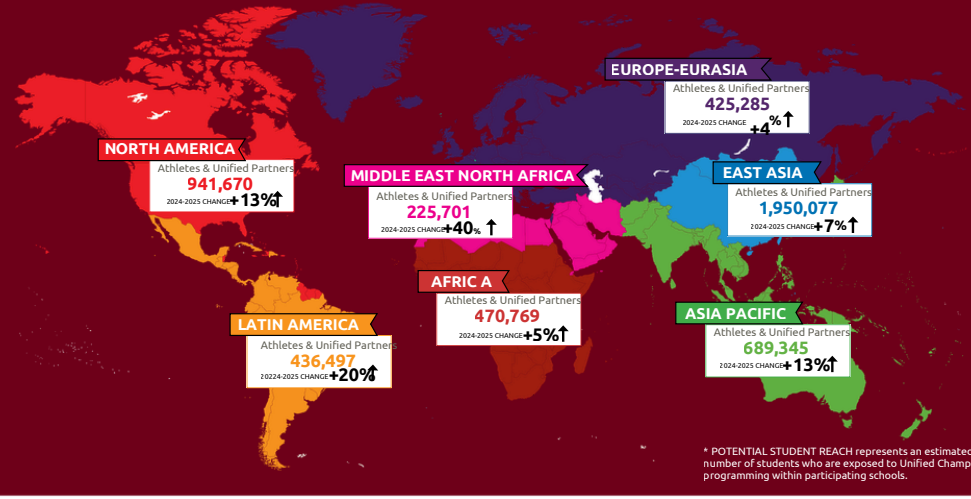
EDUCATION & YOUTH

UNIFIED SCHOOLS 28,206

UNIFIED CHAMPION SCHOOLS 16,946

YOUTH LEADERS 104,704

POTENTIAL STUDENT REACH* 7,786,940



* POTENTIAL STUDENT REACH represents an estimated upper-bound number of students who are exposed to Unified Champion Schools (UCS) programming within participating schools.

GLOBAL FOOTPRINT

NATIONAL & STATE PROGRAMS	256
COUNTRIES & JURISDICTIONS	208
LOCAL CLUBS & PROGRAMS	29,005
UNIFIED LOCAL CLUBS & PROGRAMS	7,652

GAMES/HOUR

10 GAMES/HOUR ACROSS THE GLOBE

SOCIAL MEDIA FOLLOWERS

3,678,915

SPECIALOLYMPICS.ORG

What do you know about Special Olympics?

National/Global level

- founder Eunice Kennedy Shriver 1968
- year-round competitive sports programming for individuals with intellectual disabilities

State Level

- founded in Montana 1970
- headquarters in Great Falls, 25 staff members
- 100% donor funded, no federal or state funding

Local Level

- 8 Regions or “Areas”
- 100% volunteer supported
- Hold local Area Games: Fall Basketball tournaments, 3 Winter Games, Spring Games



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

Special Olympics Montana

Outreach Coordinators



Julie Armstrong
Big Sky Area



Rae Smith
Charles Russell Area



Lindsey Campbell
Five Valleys Area



Theresa Busch
Glacier Area

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Outreach Coordinators



Michelle Eliason
Northeastern Area



Shannon Joehnck
Southwestern Area



Jean Smith
Tri-County Area

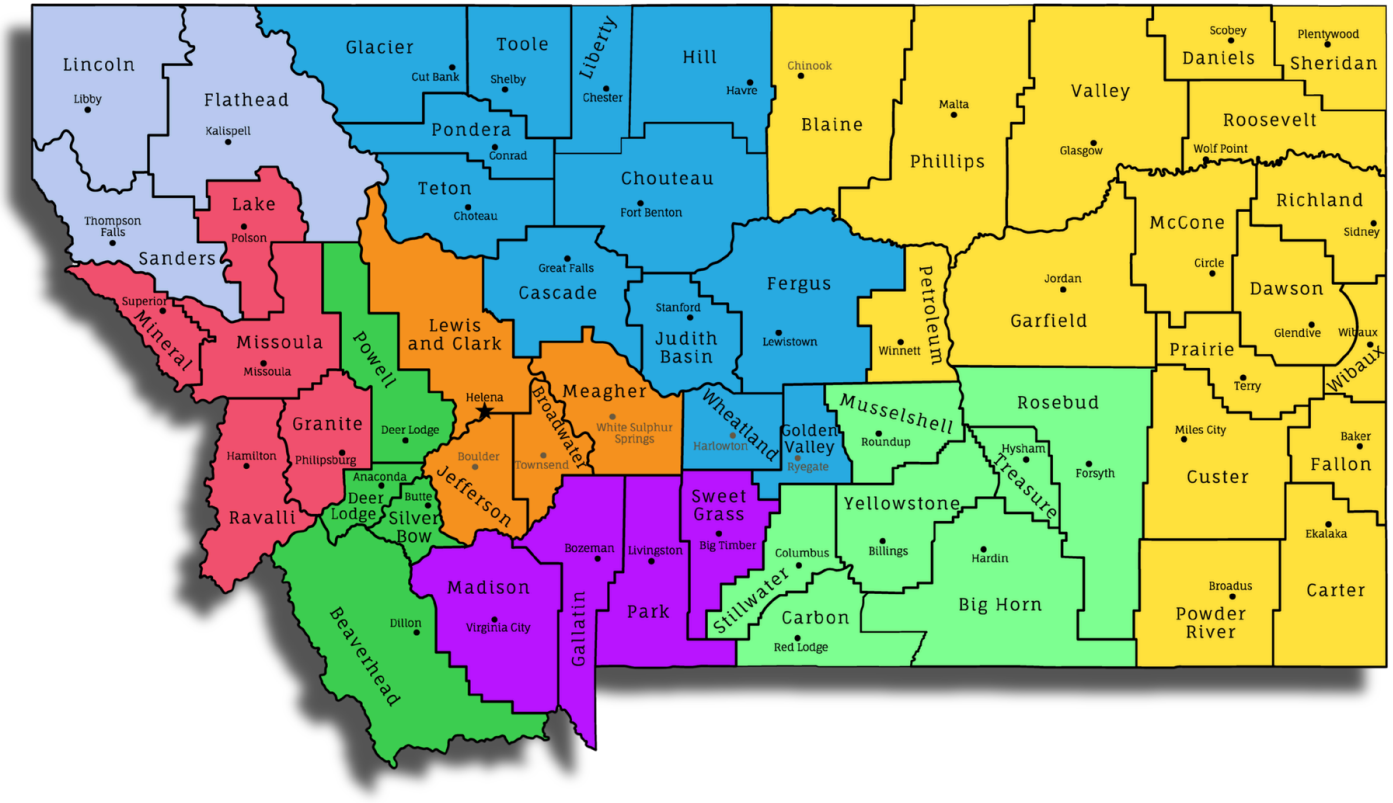


Chris Walker
Yellowstone Valley Area

Special Olympics Montana

SOMT Area Map

Special Olympics Montana



Area Management Team



Special Olympics Montana

- School Teams
- Community Teams
- Adult Teams
- Service ProviderTeams





Special Olympics Montana

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..

Special Olympics Montana

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

LPC Job Description

Special Olympics Montana



Athletes, Families and Volunteers

Who we serve...

- **87** New Athletes
- **283** New Class A Volunteers
- **370** New Unified Partners
- **39** New Local Program Coordinators
- **29** New Area Management Team Coordinator seats filled

*2025 numbers

Special Olympics Montana

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.

Special Olympics Montana

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, AMT Coordinator, 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

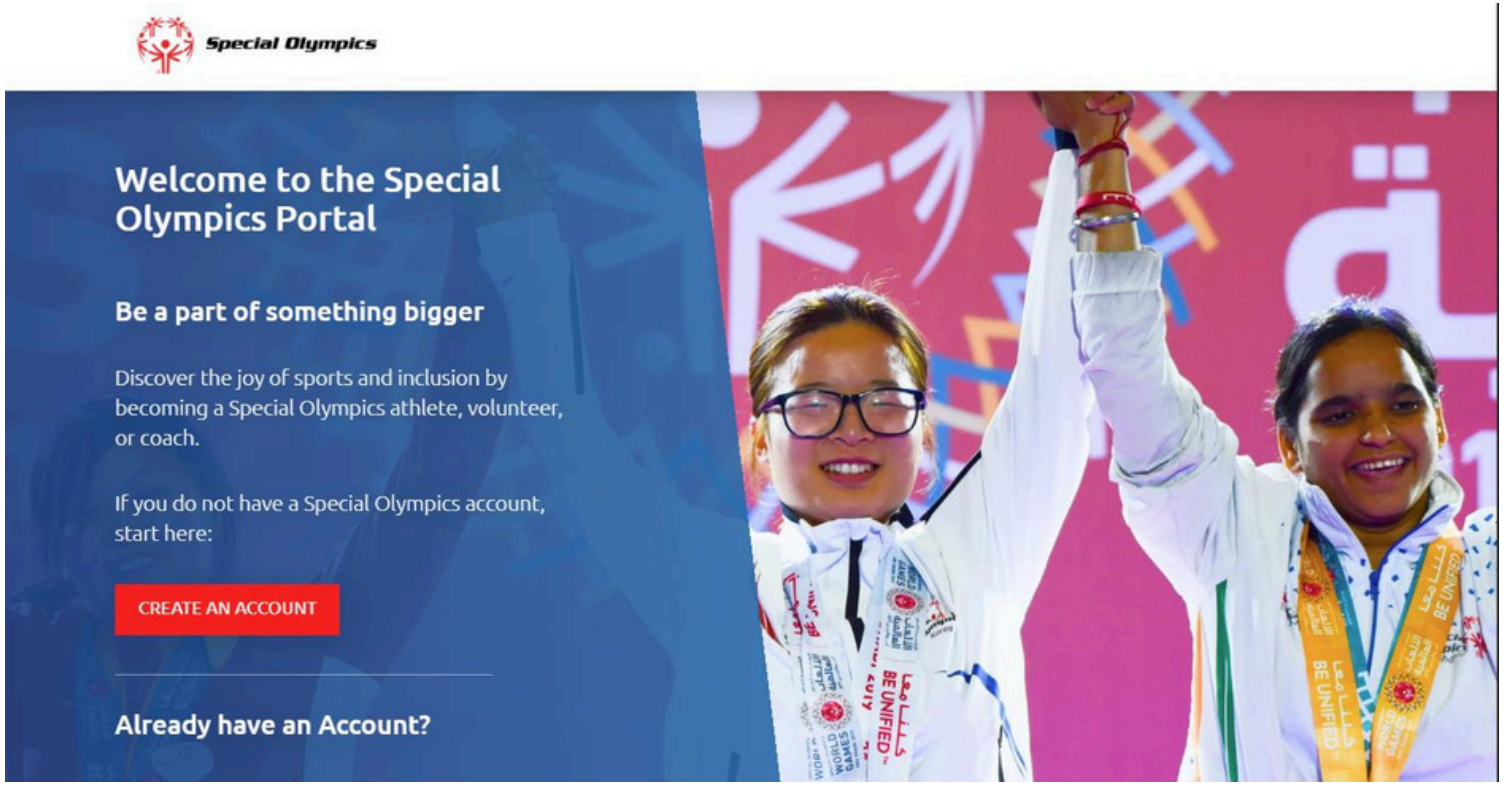
A trained and certified volunteer who is responsible for planning, organizing and leading sports training and competition events. They require Class A, Concussion training, Special Olympics Coaching Certification, and sport-specific training.

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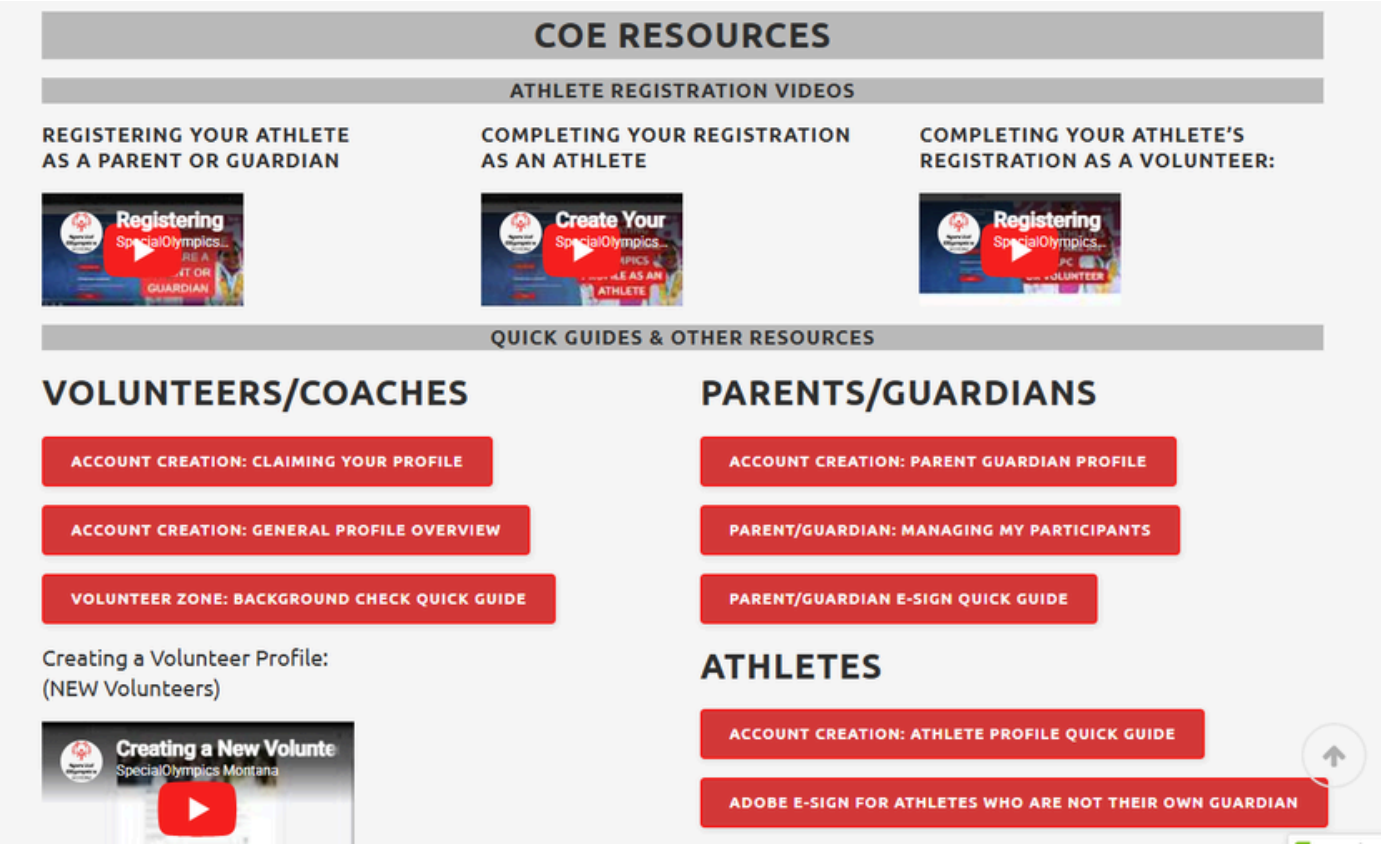
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Center of Excellence

SOMT Online registration management system



Brand New Athletes & Volunteers



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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

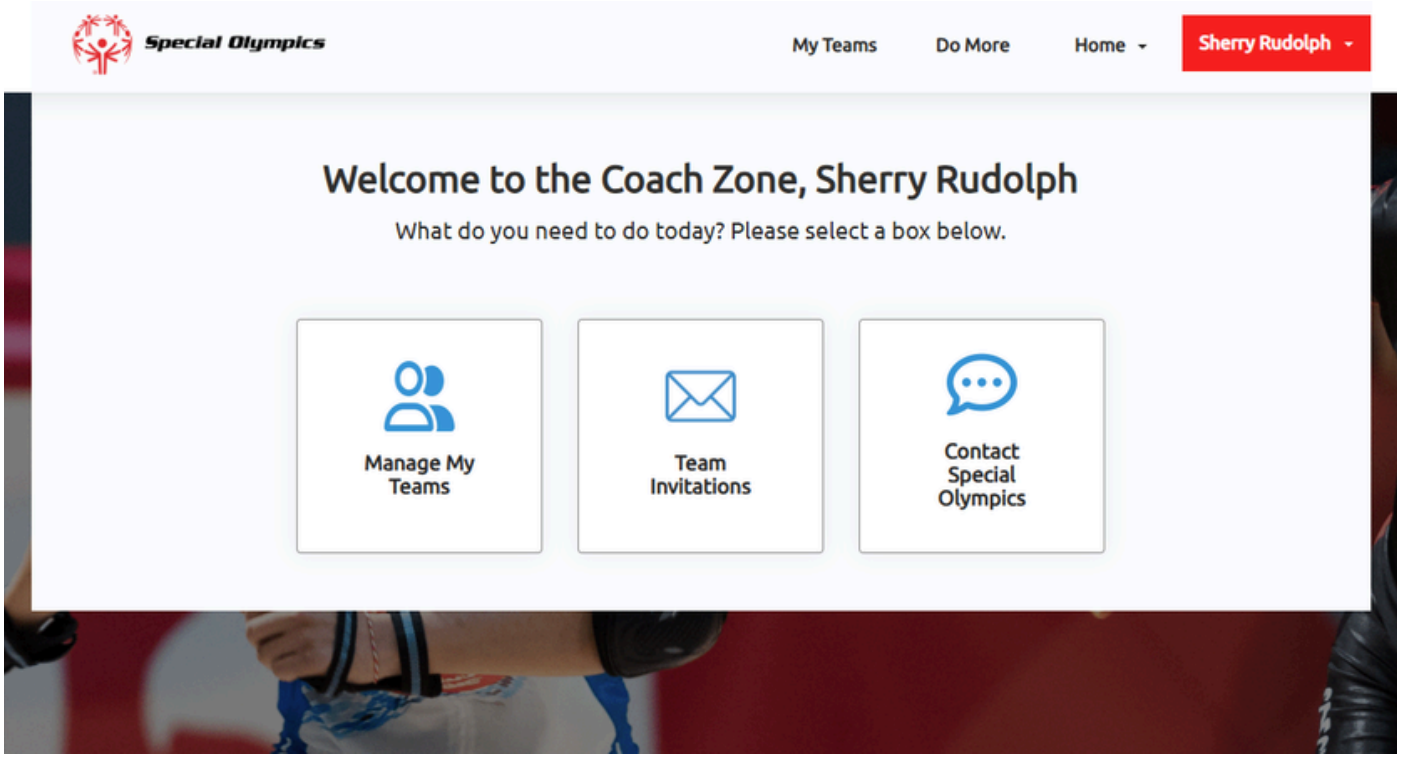
- Each volunteer will now request their own background check within the COE
- Email is sent and they click Order Background Check



Are you registered?

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Managing Team Members





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

- Remember to download your excel list

Event Planning

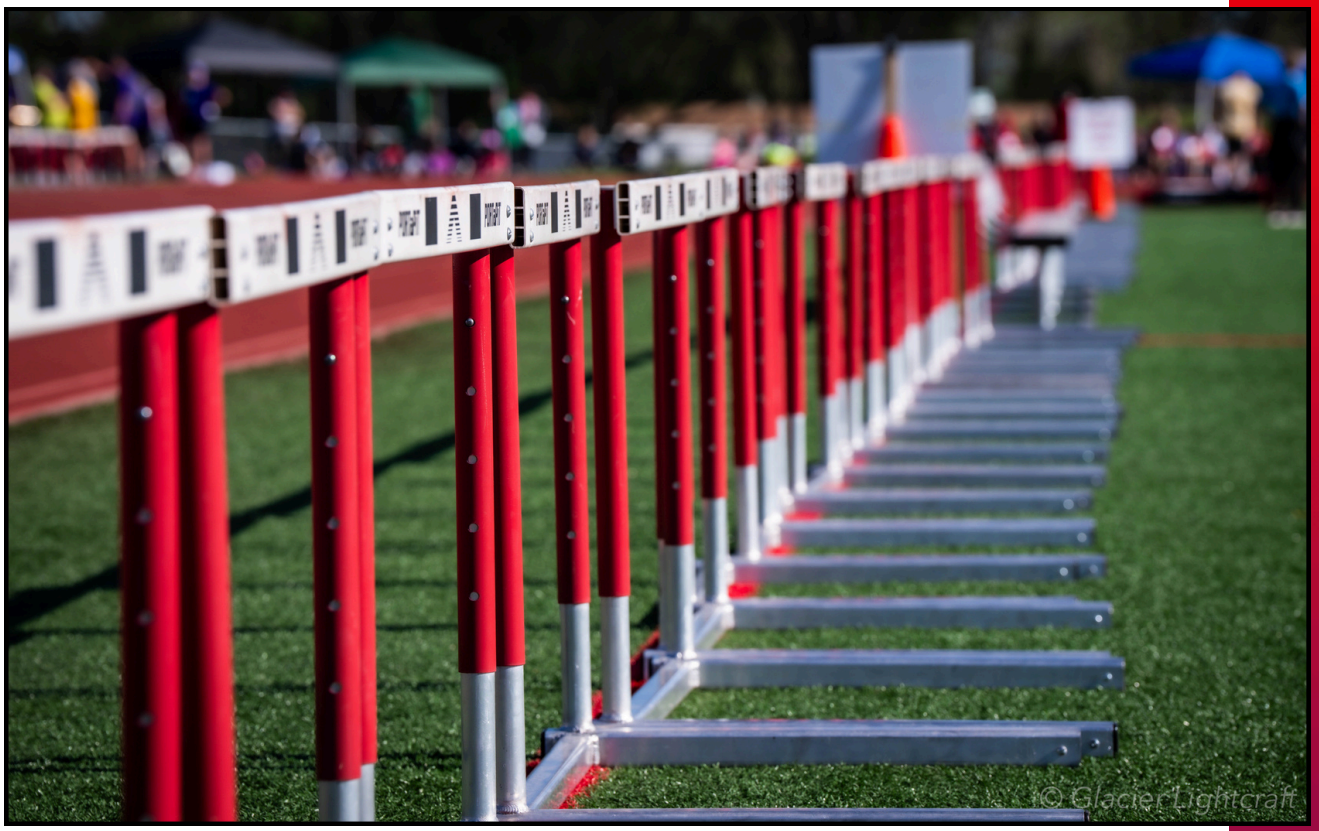


- reserve facility plenty of time before the event
- fill out Usage Agreement and/or Contract with the event details
- do NOT sign-send to Lisa Romig to sign
- even if the space is “donated”, there must still be a hold-harmless contract in place
- she sends Insurance Certificate

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

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Risk Management



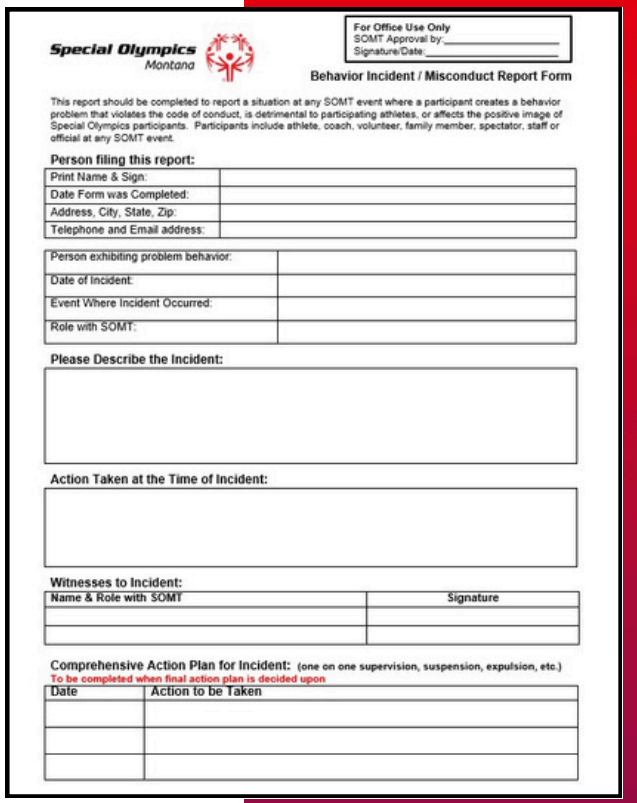
- Always look at the facility before event
- Be aware
- Know where AED/exits are
- Know address of venue for emergencies

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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)



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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

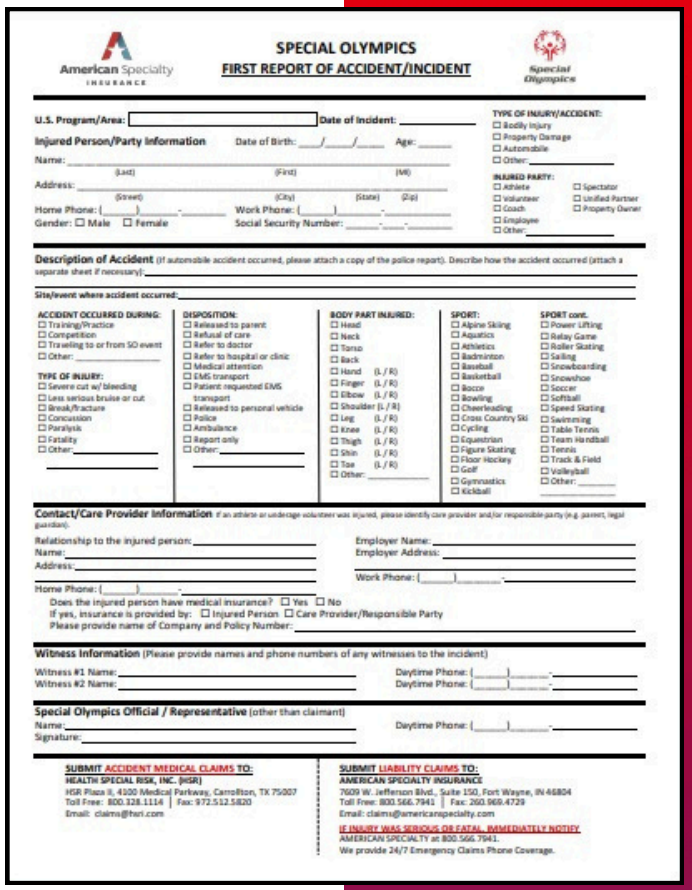
Comprehensive Action Plan for Incident: (one on one supervision, suspension, expulsion, etc.)
To be completed when final action plan is decided upon

Date	Action to be Taken

Special Olympics Montana

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)



American Specialty INSURANCE

SPECIAL OLYMPICS
FIRST REPORT OF ACCIDENT/INCIDENT

Special Olympics

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:
☐ Training/Practice
☐ Competition
☐ Traveling to or from SO event
☐ Other: _____

TYPE OF INJURY:
☐ Severe cut w/ bleeding
☐ Less serious bruise or cut
☐ Break/fracture
☐ Concussion
☐ Paralysis
☐ Fatality
☐ Other: _____

DISPOSITION:
☐ Released to parent
☐ Refusal of care
☐ Refer to doctor
☐ Refer to hospital or clinic
☐ Medical attention
☐ EMS transport
☐ Patient requested EMS transport
☐ Released to personal vehicle
☐ Police
☐ Ambulance
☐ Report only
☐ Other: _____

BODY PART INJURED:
☐ Head
☐ Neck
☐ Torso
☐ Back
☐ Hand (L / R)
☐ Finger (L / R)
☐ Elbow (L / R)
☐ Shoulder (L / R)
☐ Leg (L / R)
☐ Knee (L / R)
☐ Thigh (L / R)
☐ Shin (L / R)
☐ Toe (L / R)
☐ Other: _____

SPORT:
☐ Alpine Skiing
☐ Aquatics
☐ Athletics
☐ Badminton
☐ Baseball
☐ Basketball
☐ Bocce
☐ Bowling
☐ Cheerleading
☐ Cross Country Ski
☐ Cycling
☐ Equestrian
☐ Figure Skating
☐ Floor Hockey
☐ Golf
☐ Gymnastics
☐ Kickball

SPORT cont.
☐ Power Lifting
☐ Relay Game
☐ Roller Skating
☐ Sailing
☐ Snowboarding
☐ Snowshoe
☐ Soccer
☐ Softball
☐ Speed Skating
☐ Swimming
☐ Table Tennis
☐ Team Handball
☐ Tennis
☐ Track & Field
☐ Volleyball
☐ Other: _____

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: _____
Name: _____
Address: _____
Home Phone: (___)___-____

Employer Name: _____
Employer Address: _____
Work 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)
HSR Plaza II, 4100 Medical Parkway, Carrollton, TX 75007
Toll Free: 800.328.1114 | Fax: 972.512.5820
Email: claims@hsri.com

SUBMIT LIABILITY CLAIMS TO:
AMERICAN SPECIALTY INSURANCE
7609 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.

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Coach Education

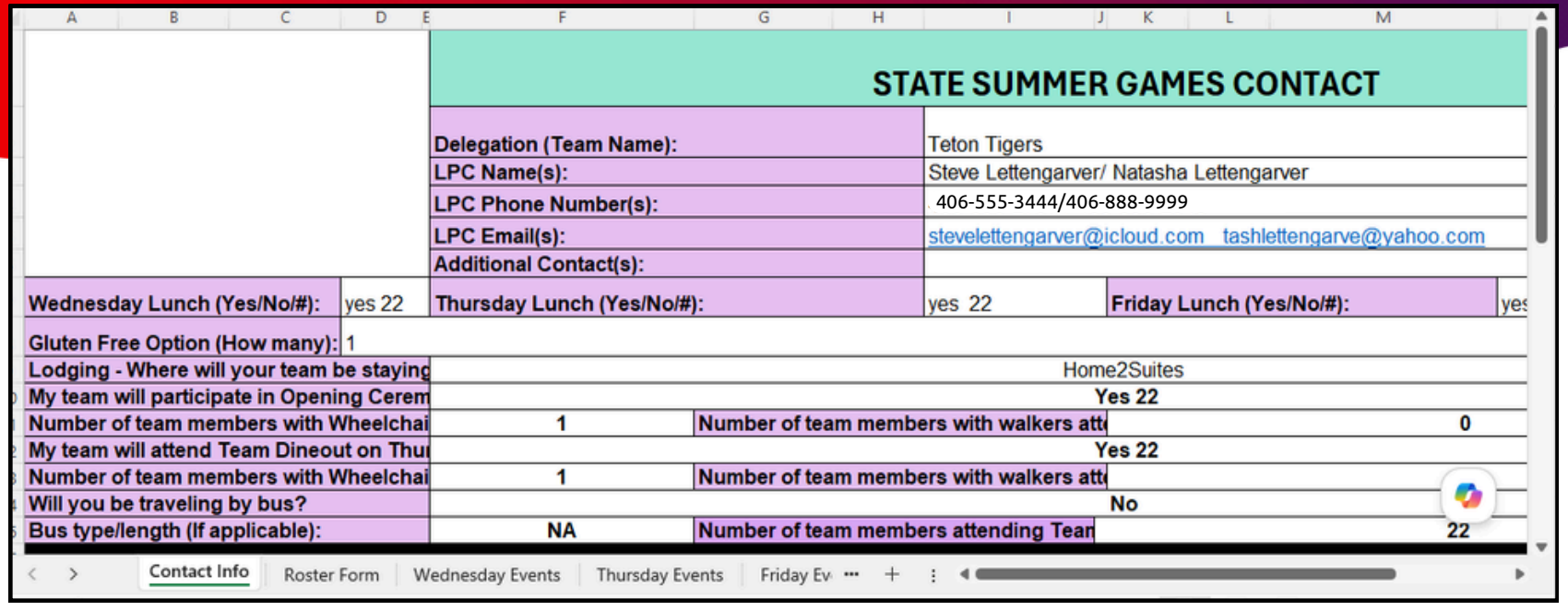
- Certification/training
  - located on SOMT webpage
  - training on how to score for games submission
  - coaches score and give you that information for you to submit on games registration forms



Bill Polk, SOMT
Sports Director

Special Olympics Montana

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 Tean	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

Area Games

Basketball
Winter
Spring

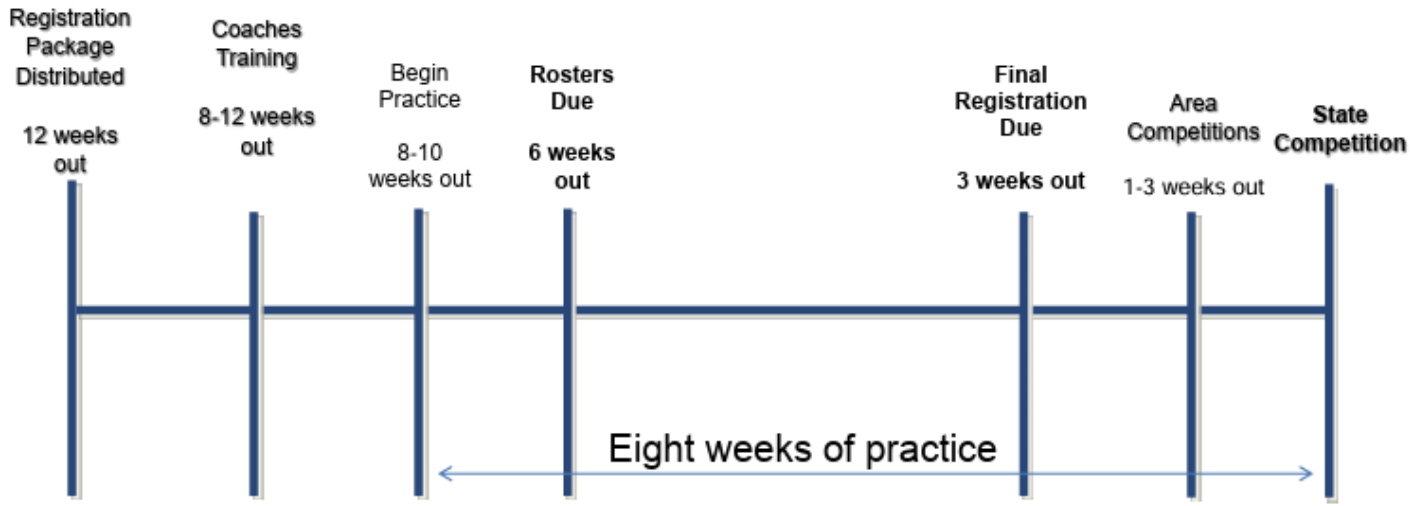


- Review Area Games expectations & guidelines
- Fill out Approval Form
- Turn in to Sports Department
- Track committee responsibilities
- Set and model team expecatations

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Sports Training and Competition Timeline



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

SOMT vs. Area

SOMT

- Volunteer recruitment & training
- Risk Management document processing
- Athlete & volunteer registration system
- Quality State Games planning & execution
- State Fundraising events benefitting local areas & teams

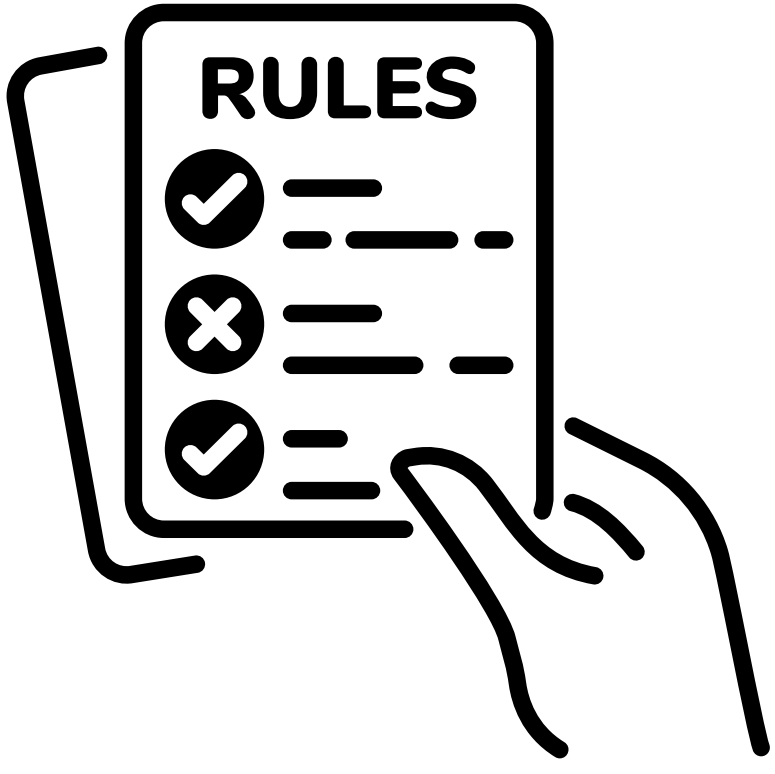
Area

- Local social events, parties & gatherings
- Area Meetings & maintaining a welcoming environment toward new volunteers
- Area & Team budgeting
- Quality Local Area Games planning & execution
- Local Fundraising events benefitting local areas & teams after SOMT approval

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Special Olympics 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.

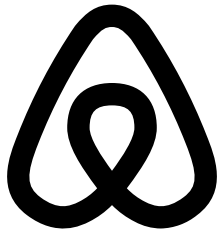


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Housing Policies



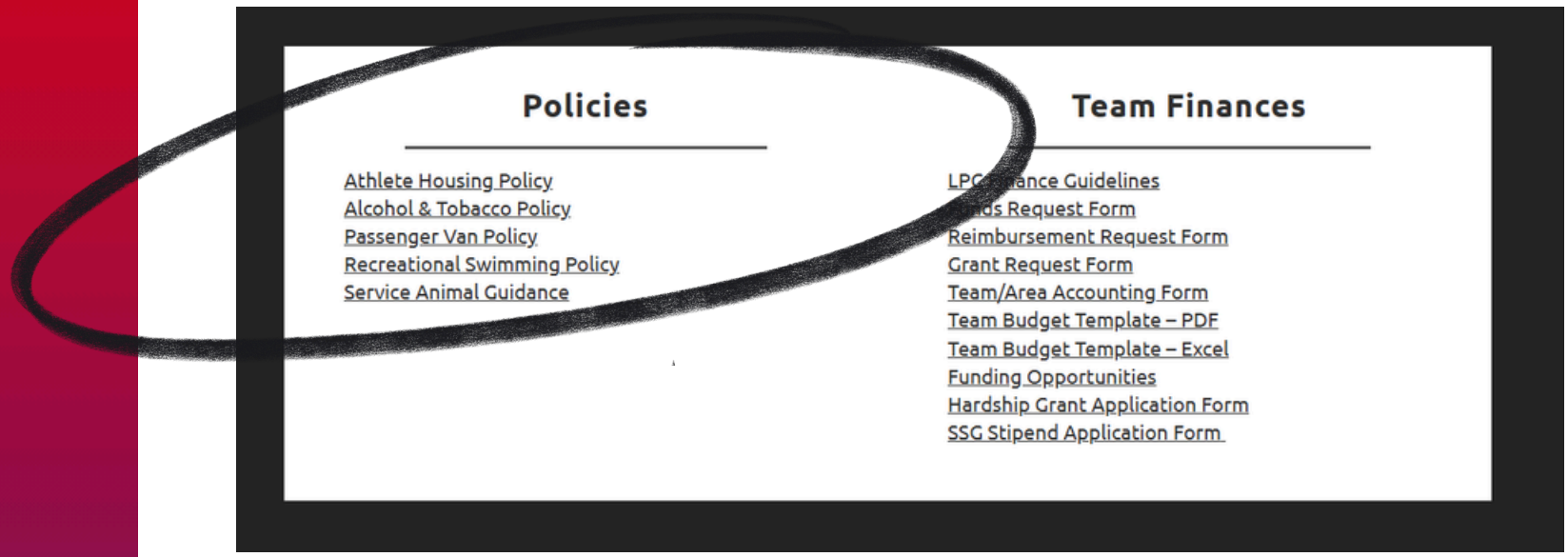




Room athletes with same gender/age

- 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

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Policies

- Athlete Housing Policy
- Alcohol & Tobacco Policy
- Passenger Van Policy
- Recreational Swimming Policy
- Service Animal Guidance

Team Finances

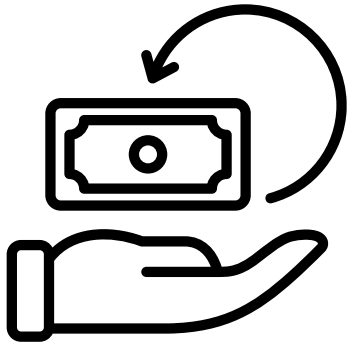
- LPC ance Guidelines
- ds Request Form
- Reimbursement Request Form
- Grant Request Form
- Team/Area Accounting Form
- Team Budget Template – PDF
- Team Budget Template – Excel
- Funding Opportunities
- Hardship Grant Application Form
- SSG Stipend Application Form

Resources on the Team Planning page of the website - somt.org
Including Alcohol Policy for events

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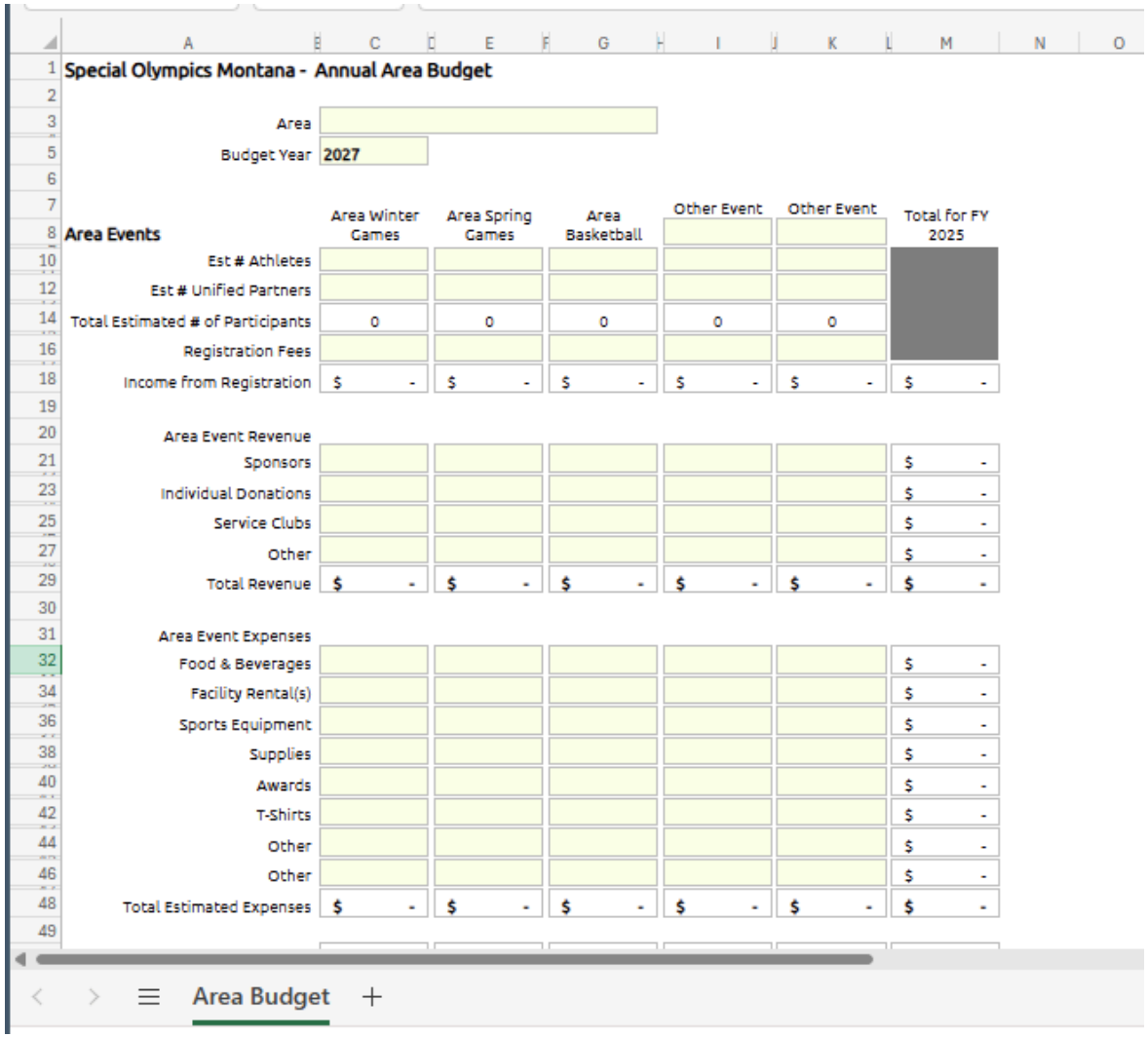
Travel Funds



- 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

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Area Budget



Special Olympics Montana - Annual Area Budget

Area	
Budget Year	2027

Area Events	Area Winter Games	Area Spring Games	Area Basketball	Other Event	Other Event	Total for FY 2025
Est # Athletes						
Est # Unified Partners						
Total Estimated # of Participants	0	0	0	0	0	
Registration Fees						
Income from Registration	$ -	$ -	$ -	$ -	$ -	$ -
Area Event Revenue						
Sponsors						$ -
Individual Donations						$ -
Service Clubs						$ -
Other						$ -
Total Revenue	$ -	$ -	$ -	$ -	$ -	$ -
Area Event Expenses						
Food & Beverages						$ -
Facility Rental(s)						$ -
Sports Equipment						$ -
Supplies						$ -
Awards						$ -
T-Shirts						$ -
Other						$ -
Other						$ -
Total Estimated Expenses	$ -	$ -	$ -	$ -	$ -	$ -

Area Budget

- Create Area budget yearly
- Due to SOMT Finance Dept. November 15

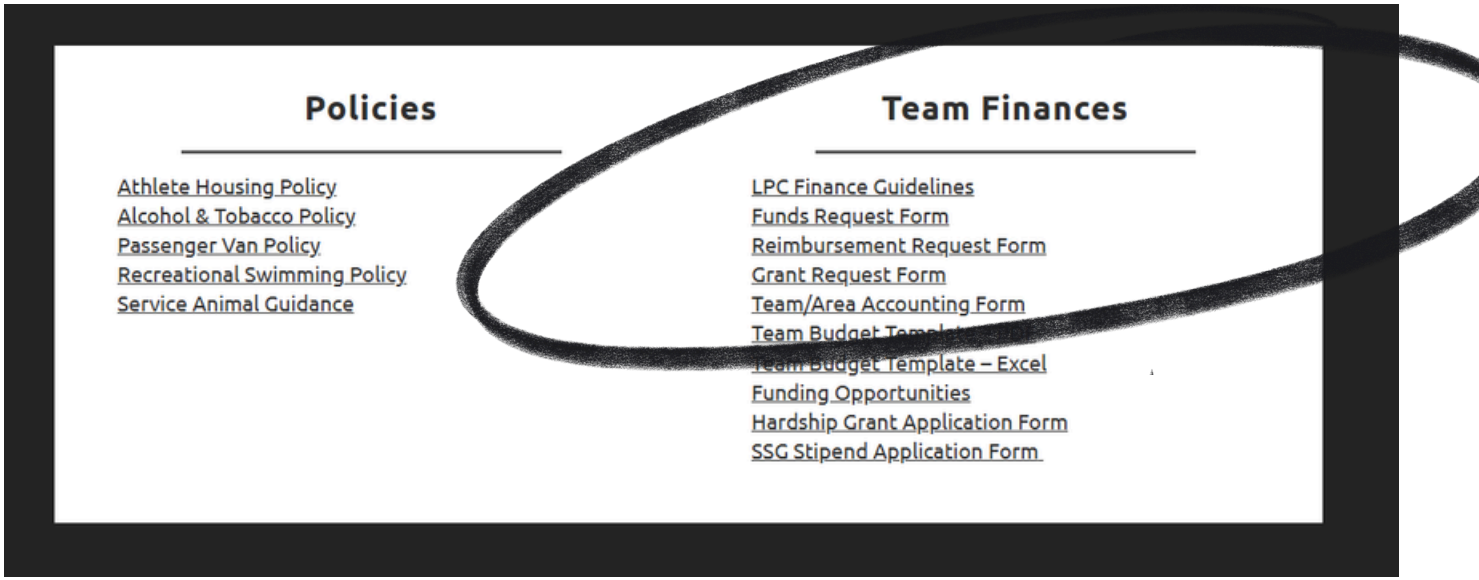
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Budget & Finance Information

- 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
- ALL Apparrel
  - must submit logo to SOMT Marketing (Holly) before you order anything.
  - SOMT branding requirements.



Special Olympics Montana



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

Special Olympics Montana

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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



Grants from Private & Public organizations

Games Sponsors

National Partnerships



Local & State Partnerships

Special Olympics Montana

Area Funding

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

MISSOULAGIVES by Missoula Community Foundation



Local Team Funding

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

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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.

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Fundraising Approval Form

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

Fundraising Approval Form Instructions

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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

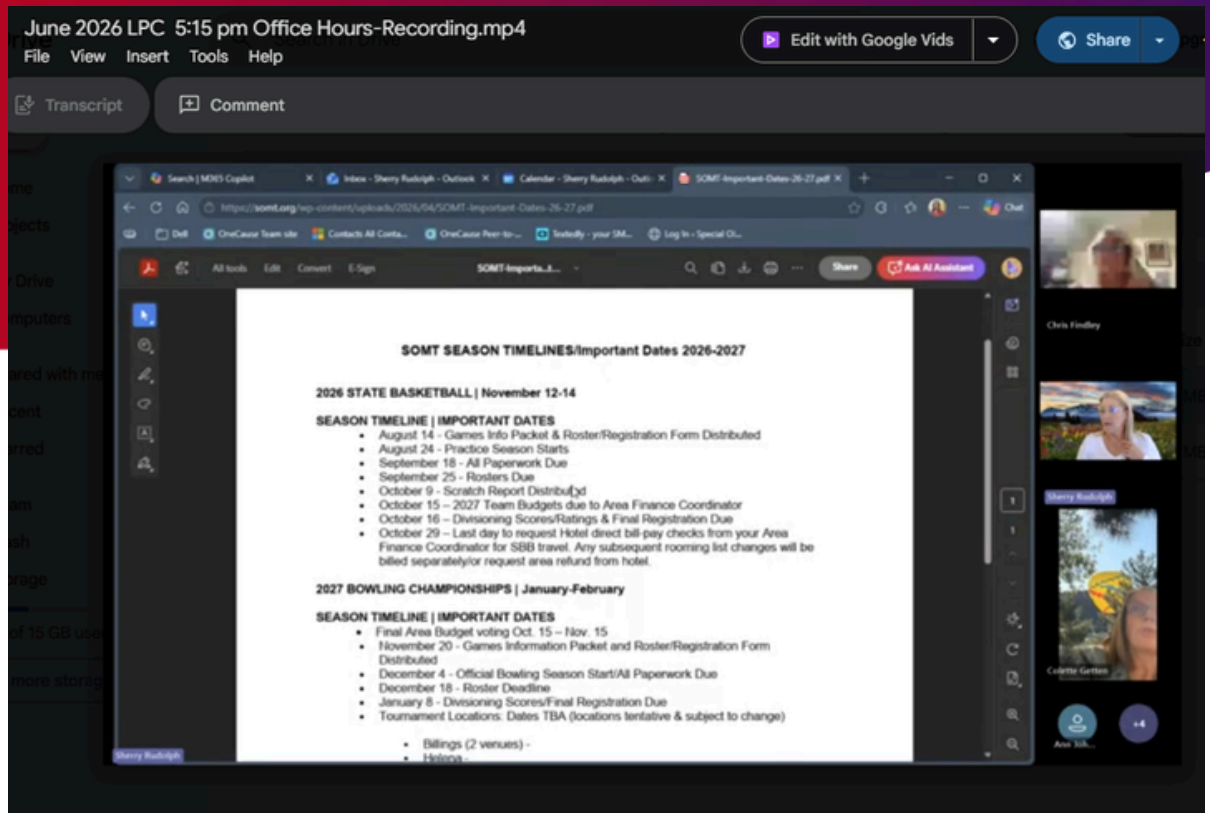


Brenda Hergott
Development Director

Special Olympics Montana

Special Olympics Montana

SOMT Support & Information



LEAD LIKE A CHAMPION
LETR KICKOFF CONFERENCE
Special Olympics Montana
2026

- 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 AMT member.

Special Olympics Montana

Distinguished Service Awards

Special Olympics Montana

- 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! We also need volunteers on the selection committee.

Special Olympics Montana

Other SOMT Departments



Offer support & opportunities for athletes, teams and volunteers



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

Unified Champion Schools
Health & Fitness
Athlete Leadership



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

Special Olympics Montana





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

Special Olympics Montana

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SOMT Media

- All aspects of media represention of Special Olympics Montana must be cleared through the Communications & Marketing Department.
- The Area Director is the designated spokesperson for the local region. All media representation must be cleared through the communication coordinator and the AD.
- Use Area data when representing locally.

- Video
- Questions?





Special Olympics Montana

Thank You

We encourage you to follow the Area social media pages in addition to the SOMT pages. It’s a great way to stay appraised of great things happening! Just search Special Olympics Montana and add the area name.

rsmith@somt.org

srudolph@somt.org

cgetten@somt.org