

# Special Olympics Montana – CMR AREA Athlete Input Council Application

**Special Olympics**  
Montana



*Applicants will be judged on information provided in application and an interview.*

Special Olympics Athlete Leadership empowers athletes to explore opportunities for greater participation in our movement beyond sports training and competition. Athlete leaders are an integral part of the Special Olympics Movement and help Special Olympics leaders stay in touch with athletes' interests.

As a member of the Athlete Input Council, members will receive governance training. Governance training helps athletes to develop leadership skills and utilize their voices to influence change in their Special Olympics program that results in positive life changes. Being trained in Athlete Governance brings together talented athletes in an atmosphere of sharing, knowledge, trust and respect for participation in an Athlete Input Council. The Athlete Input Council Members will be the voice of local athletes by discussing any number of topics during a council session and making suggestions. Your input is valuable and is needed!

## **Athlete Eligibility**

- ❖ Athlete must be at least 18 years of age at the time of submission.
- ❖ Must have participated in Special Olympics for five years.
- ❖ Each athlete will be responsible for securing own transportation (local events).
- ❖ Each athlete must be accompanied by an adult mentor (volunteer), who works with the athlete during **ALL** training and council experiences. The mentor may be a parent (see requirements below).

Please find attached an application for the Special Olympics Montana CMR Area Athlete Input Council. Application(s) are due by **Friday, November 11, 2016**. Through an application and interview process, a committee will select Athlete Leaders for training and participation in a CMR Area Athlete Input Council to be conducted in 2017 (future dates forthcoming).

The nominated athlete must have had Global Messenger training and experience. The nominated athlete must also have support of a mentor to assist with training, reviewing materials, attending meetings, transportation if needed, and developing a voice of their own in a positive, respectful, and constructive manner.

Athletes interested in the position must return a completed application form by

**Friday, November 11, 2016**, to be considered.

Special Olympics Montana  
Attn: CMR Area Athlete Input Council  
PO Box 3507, Great Falls, MT 59403

Phone: (800) 242-6876 / Fax: (406) 454-9043 / [astockburger@somt.org](mailto:astockburger@somt.org)

## **Special Olympics Montana**

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*Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities*



## Special Olympics Montana CMR Area Athlete Input Council

### Job Description

#### A. ELECTION AND SELECTION CRITERIA

Interviews will be conducted on December 6, 2016, and December 8, 2016, by a special committee who will then select qualifying athletes. Nominated athletes must have participated or been involved in Special Olympics Montana for at least five years. The council members will be announced December 12, 2016.

#### B. ATHLETE RESPONSIBILITIES

To ensure that the athlete is prepared to take on this leadership role, an athlete must meet the following criteria. The athlete must:

- ❖ Be able to act as an athlete representative for their local program.
- ❖ Be the “voice” of their athlete peers.
- ❖ Be able to commit to training and participating in council sessions.
- ❖ Have had Global Messenger training and experience.
- ❖ Have support of a coach/mentor to assist with training, assist in reviewing materials in preparation for councils.
- ❖ Be able to arrange own transportation to local training and councils.

#### C. MENTOR RESPONSIBILITIES

To ensure that the athlete nominated has adequate support and is aware of the commitment made when joining the Athlete Input Council, the mentor must be able to assist the athlete by:

- ❖ Adequately explaining the role and time commitment expected.
- ❖ Being willing to assist with travel logistics.
- ❖ Agreeing to a one-year commitment to work with his/her athlete.

#### E. SOMT ATHLETE LEADERSHIP GOVERNANCE TRAINING

To ensure that the athlete nominated will be prepared for his/her role, the following supports and requirements will be established to prepare the Athlete Leader:

- ❖ Provide the athlete with an overview of the Athlete Input Council’s mission and goals.
- ❖ Provide an orientation for the athlete of the Governance program.
- ❖ Promote the athlete to be a spokesperson on behalf of athletes during Athlete Input Council sessions.
- ❖ Assist in building leadership skills within the athlete.
- ❖ Goal: Provide athletes with the additional skills necessary to establish and conduct Athlete Input Councils.



## Special Olympics Montana CMR Area Athlete Input Council Application

### All applications MUST be received by November 11, 2016

Athlete Name: \_\_\_\_\_ Age: (18 or older) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Can applicant and/or mentor provide transportation to all local quarterly training and meetings?

\_\_\_ Yes \_\_\_ No

Number of years participating in Special Olympics: \_\_\_\_\_ State Program(s): \_\_\_\_\_

Number of years you have been involved in SOMT? \_\_\_\_\_

Do you have an up-to-date medical form on file with SOMT? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name your current local team: \_\_\_\_\_

List the sports you compete in with Special Olympics Montana:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Completed SOMT Training/Committees Served On:

Global Messenger: Within last 1-2 years? \_\_\_\_\_ Within last 5 years? \_\_\_\_\_ Other? \_\_\_\_\_

Athlete Leadership: Within last 1-2 years? \_\_\_\_\_ Within last 5 years? \_\_\_\_\_ Other? \_\_\_\_\_

Youth Activation Committee (YAC): Within last 1-2 years? \_\_\_\_\_ Within last 3-5 years? \_\_\_\_\_

Law Enforcement Torch Run (LETR) Executive Council \_\_\_\_\_ (Most recent year/term)

Have you ever participated in SOMT Athlete Leadership events? If so, when, where, and what type?

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



List other area(s) of involvement with Special Olympics Montana outside of sports participation (committees, global messenger, fundraising, school program, volunteering, past achievements and awards, LETR events, etc.).

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What do you think the purpose of the Athlete Council is?

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Why do you want to become a member of the Athlete Input Council?

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**Optional Information:**

References (relationship, phone number, and brief statement of why this athlete would be a good Athlete Input Council member):

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## Special Olympics Montana CMR Area Athlete Input Council Application (cont.)

Mentor's Name: \_\_\_\_\_ Age: (18 or older) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**ALL APPLICATIONS MUST BE RECEIVED BY NOVEMBER 11,  
2016**

If you have questions, please call Allie Stockburger at (406) 564-0062