



Special Olympics Saskatchewan - Athlete Leadership Program
Athlete/Mentor Application Form

Date: April 18th - 19th, 2020

Location: Plaza 88, 888 Central Ave Prince Albert, SK S6V 4V1

*Please return the completed form to Jeff Zerr at jzerr@specialolympics.sk.ca.

Athlete Information

Name: _____ Years in SO Program: _____
 Address: _____ SOS Chapter: _____
 Phone #: _____ E-mail: _____
 Dietary restrictions: _____

Courses

Please indicate which pillar you would like to attend.

X	Pillar	Course Description
	Athlete Speaker Training	Includes initial training for athletes who want speaking experience and would like to learn speaking skills, speech writing and delivery.
	Social Media & Media Training	General training on social media platforms, including effectiveness, safety, and appropriateness. Theory and practical training involving media interviews and engagements.
	Athletes on Committees & Input Councils	Training on what it takes to sit on a committee, including various roles and importance of confidentiality. Prepares athletes who are interested in being on an Athlete Input council.

Please indicate below why you wish to attend the Athlete Leadership Training:

Athlete Commitment

- Attend Athlete Leadership training and participate in the appropriate workshops and training opportunities.
- Provide a minimum of 2 presentations in local area within 12 months of completion of Athlete Leadership Training.

Signature: _____

Mentor Information

Name: _____ 18 Years or older: Y N
Address: _____ SOS Chapter: _____
Phone #: _____ E-mail: _____
Dietary restrictions: _____

Roles of the Mentor

- Get to know the athlete
- Be familiar with Special Olympics
- Always give encouragement, especially before a speech or event
- Provide support as needed
- Help athletes to express themselves
- Listen
- Commit to working with the athlete
- Act as a leadership “coach”
- Provide constructive feedback
- Work with parents, guardians or group home to explain what Athlete Leadership training is
- Help athlete stay on task
- Help athlete understand meeting minutes
- Look into further training opportunities for the athlete
- Look into opportunities for athlete to gain more practical experience
- Provide transportation, if needed
- Value your athlete’s opinions and preferences
- Work in a one-on-one relationship with your athlete to make their Athlete Leadership training experience as meaningful and educational as possible
- Be an advocate for the athlete
- Represent Special Olympics in a professional manner

Please indicate below why you wish to attend the Athlete Leadership Training:

Mentor Commitment

- Attend Athlete Leadership training with your athlete and participate in the appropriate workshops and training opportunities.
- Work in a one-on-one relationship with your athlete during each course and locally during practical experience.
- Agree to a two-year commitment to partner with your athlete to make their Athlete Leadership training experience as meaningful and educational as possible.

Signature: _____

ALP Registration Packages

*** Please note: Pricing for this training opportunity has been subsidized by Great-West Life, London Life and Canada Life, and the Coca-Cola Foundation. ***

Package #1: In Town Athlete	Includes: <ul style="list-style-type: none">● Saturday and Sunday Training● Saturday lunch and Sunday breakfast● Saturday Night Social Event (optional)	\$25.00 (includes Mentor costs)
Package #2: Out of Town Athlete	Includes: <ul style="list-style-type: none">● Friday and Saturday Night Accommodations● Saturday and Sunday Training● Saturday lunch and Sunday breakfast● Saturday Night Social Event (optional)	\$75.00 (includes Mentor costs)

*** All package costs are based on double-occupancy.
Any substitutions may be subject to an additional charge. ***

Please register us for:

Package #1: ____ **Package #2:** ____

Saturday Night Social (includes dinner and activity):

- Athlete will be attending Athlete will NOT be attending
 Mentor will be attending Mentor will NOT be attending

Hotel needed for: Friday Night ____ **Saturday Night** ____

Roommate Request: _____ (for out of town attendees only)

**Please note: You may be assigned to share a room if no roommate request is made.*

Total: \$ _____ **(Cheques can be made payable to Special Olympics Saskatchewan)**