

Special Olympics Georgia



To: All Special Olympics Georgia agencies
Re: Accreditation Policy
From: Special Olympics Georgia

Dear Agency:

It is required that all agencies that participate in any Special Olympics Georgia training and competition must be accredited every 2 years. Below are few items to take note of as you apply for accreditation:

1. Accreditation is valid for two (2) years. For example, if you send in accreditation paperwork on November 1, 2022 you are accredited until November 1, 2024
2. While you must still turn in a calendar for the two-year time period, we understand that dates are tentative since they must be set so far in advance. However, please make every effort to plan and attempt to uphold the dates as best you can.
3. Since accreditations lasts for two years, you no longer have to turn in Competition Sanctioning Forms or Fundraising Authorization Forms along with the accreditation paperwork, although you may continue to do so if you prefer. However, **Competition Sanctioning Forms and Fundraising Authorization Forms must be completed and returned to SOGA at least 30 days prior to any event.**
4. It is preferred to have ALL management team positions filled; however, it is MANDATORY that there are at least seven **different** management team members. Within those seven required positions, the positions of Chairperson, Treasurer (if you have a SOGA bank account) and Athlete MUST be filled.
5. All management team members must have a volunteer profile form on file as well as have taken and passed the protective behaviors online quiz and completed a background screen through Sterling Volunteers. The Athlete chairperson must have an up to date medical on file. Please check with your Program Manager to find out if these three items are on file for each of your management team members.
6. All articles of this accreditation must be complete and approved by SOGA before the accreditation is valid.
7. **Please note the deadline: November 1, 2022.** Existing 2021-2022 accreditations expire on November 1, 2022. Existing agencies who do not turn in their accreditation paperwork by November 1st will not be allowed to participate in any Special Olympics Georgia related activities until new accreditation is accepted and approved. Accreditations not completed before December 31st will be penalized with a 3-month suspension period during which that agency will not be allowed to compete at any local, area, or State events (even if the accreditation is completed before the event). Complete details regarding suspension are included in the SOGA Suspension Policy.
8. New agencies cannot begin participation in any Special Olympics Georgia activities until their accreditation has been submitted and approved. **A signed Local Coordinator Agreement must also be submitted and on file. (Page 20)** The local coordinators **MUST** have a signed Profile Form, an updated Protective Behaviors Training and Background Screening.

Thank you for your continued support of Special Olympics Georgia. Please take note of these items and keep them in mind for future accreditations.

Sincerely,
Special Olympics Georgia

Date: _____

Special Olympics Georgia Agency Accreditation

Agency Name: _____ Area/County: _____

Local Coordinator Name: _____

Local Coordinator Phone/E-Mail: _____

Signature of Local Coordinator: _____

Is This a NEW Agency: _____

ACCREDITATION CHECKLIST

Required (EACH requirement below must be completed in order for your accreditation to be complete. Anything not completed will result in your accreditation to not be accepted):

- ☐ Management Team List with at least seven different individuals to fill the positions. Of the seven, these positions MUST be filled: Chairperson, Athlete, and Treasurer. (Treasurer can only be omitted if you do not have a SOGA bank account). (Local Coordinators can only serve in one of these three positions: Competition, Training, or Family Chairperson).
 - ☐ Signed Job Descriptions for each Management Team Members (Job descriptions for EACH management team member must be signed and dated for this accreditation).
 - ☐ Completed Volunteer/Profile forms for EACH Management Team Member
 - ☐ Completed Protective Behaviors Training for EACH Management Team Member. Go to <https://learn.specialolympics.org> to complete the training.
 - ☐ Completed Background Screen through <https://app.verifiedvolunteers.com> (Good Deed Code: 7n9744i)
 - ☐ The Athlete Chairperson must have an up to date medical on file in order to be approved
- ☐ Submit Goals and Objectives for upcoming TWO years. Please include:
 - ☐ Goals **must** include annual athlete participation increase of at least 1% (i.e. Growth Proposal- how your agency will expand during the next two years).
 - ☐ At least FIVE goals must be included.
- ☐ Submit evaluation of previous year's goals.
 - ☐ Each goal from the previous years must be listed and reviewed with an explanation of how goal was reached or why goal was not met. Simply stating "met" and "not met" is NOT acceptable.
- ☐ Submit Tentative Calendar of Events including:
 - ☐ Dates and locations of meetings
 - ☐ Dates and locations of competitions (i.e. Area Fall Games, State Summer Games)
 - ☐ Dates of Fundraising Projects (applicable only if you have a SOGA bank account)
- ☐ If you have a SOGA Bank Account:
 - ☐ **Submit a copy of the current Signature Card**, which must include signatures of the CEO and the Chief Sports Program Office or the Director of Program Services, and necessary members of the management team. The name of the bank account must also be Special Olympics Georgia- Area # or Agency Name. **The CEO AND the Chief Sports Program Officer or Director of Program Services of Special Olympics Georgia MUST be listed on all Signature Cards.**
 - ☐ Submit an annual budget including ALL projected revenues and expenditures
 - ☐ PLEASE NOTE: You are not allowed to fundraise using the name, logo or any items that are the property of Special Olympics Georgia unless you have a SOGA bank account.
- ☐ Signed copy of the Policy Concerning the Prohibition of Charging Fees – Must be signed by Management Team Chairperson
- ☐ Signed copy of the Policy Concerning Fundraising Without a Special Olympics Georgia Bank Account – Must be signed by Management Team Chairperson

Other:

- ☐ A Signed Local Coordinator Agreement must be submitted and on file if there is a NEW Local Coordinator (Page 20)
- ☐ A Competition Sanctioning Form (page 21) or a Fundraising Authorization Form (page 22) must be submitted to SOGA at least ONE MONTH prior to each competition/fundraising event you are hosting.
- ☐ If another agency participates under your accreditation, please list that organization below:

- ☐ An Umbrella agency must complete Umbrella Accreditation Packet.

Submit Completed Packets to: Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071
or via e-mail to your Program Manager

SPECIAL OLYMPICS GEORGIA MANAGEMENT TEAM MEMBERS

Area/Agency_____

Management Team Position	Name & Profession	Address	Phone/Fax/E-Mail *please note which one is which*
*Chairperson			
Secretary			
Volunteers			
Training			
Public Relations			
Competitions			
*Finance/Treasurer (only required if agency has SOGA bank account)			
Fundraising			
*Athlete			
Family			

Contact information for each team member must be filled out completely

* = Required position

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Management Team Chairperson

OBJECTIVE: The Chairperson oversees the organization of regular meetings, projects, etc. for a Management Team in a specified geographical area. The Chairperson is the liaison to the SOGA state office and staff.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA bylaws and SOI policies regarding Management Teams.
- Organize and lead all Management Team meetings effectively and efficiently.
- Communicate regularly with other Management Team Members and the Local Coordinator.
- Oversee the development and implementation of the annual competition plan.
- Develop the monthly meeting agenda with the input of the Local Coordinator.
- Lead and motivate all Management Team assignments.
- Direct the successful, punctual completion of the Accreditation Process.
- Consistently provide feedback and evaluation to all Management Team members.
- Supervise the orientation and training of Management Team members.
- Supervise the recruitment of new Management Team members.
- Ensure that 1-3 fundraising events are implemented annually.
- Develop a written plan for the Management Team, including outlined annual objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is 2 year commitment
- Management Team meetings are to be held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Refined oral and written communication skills.
- Knowledge of the Special Olympics Georgia Program.
- High level organizational skills.

For additional support and resources or if you have questions, call your Program Manager at the State Office. 770-414-9390.

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM SECRETARY
JOB DESCRIPTION**

JOB TITLE: Secretary

OBJECTIVE: The Secretary is the communication link among the Management Team Members, the Local Coordinator and the SOGA state office and staff.

MANDATORY RESPONSIBILITIES:

- Attend and fully participate in Management Team meetings.
- Report the minutes from the previous Management Team meeting.
- Record accurate minutes at meetings; type and distribute minutes to all Team members, Local Coordinator, and designated SOGA contact (via Intranet if possible).
- Email meeting notices to ensure meetings are well attended.
- Send special notices for upcoming events (fundraisers, competitions, etc.).
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Secretary will be evaluated annually.

HELPFUL SKILLS:

- Previous volunteer or paid leadership experience a plus.
- Knowledge of the Special Olympics Georgia Program is helpful.
- Well developed oral and written communication skills.

For additional support and resources or if you have questions, call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM VOLUNTEER CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Volunteer Chairperson

OBJECTIVE: The Volunteer Chairperson establishes and oversees the volunteer management system (recruits, screens, places, trains, supervises, and evaluates); secures a sufficient number of volunteers for staffing all Management Team and coaching needs.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies regarding volunteer screening.
- Attend and actively participate in Management Team meetings.
- Communicate with other Management Team Members on a regular basis.
- Ensure proper files and forms are completed for each volunteer.
- Assist with relieving volunteers of their duties when necessary or requested.
- Obtain a list of the types of volunteers needed from Local Coordinator and other Chairpersons.
- Develop a recruitment calendar that lists names of events, number of volunteers needed, and recruitment deadlines.
- Prepare volunteer recruitment public service announcements (PSA's) and articles in conjunction with the Public Relations committee.
- Use the Volunteer & Coach Profile form required by SOGA (which adheres to the US Chapters General Rules Volunteers Screening Policy).
- Maintain central listing or database of all volunteers.
- Follow-up with referrals from local volunteer agencies (i.e.RSVP).
- Develop and maintain a Volunteer Recognition program.
- **Adhere to SOGA specific and SOI policies regarding protective behaviors and make sure all volunteers are familiar with this policy.**

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Volunteer Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Commitment to the philosophy, needs, and rewards of volunteerism.
- Well developed organizational and communication skills
- Database knowledge or commitment to learn.
- Desire to work with people from diverse backgrounds.

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM TRAINING CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Training Chairperson

OBJECTIVE: The Training Chairperson provides training clinics for coaches, officials, athletes, Games Management Teams and Competition Directors; and oversees the development of sports programs for all athletes.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Organize and conduct approved coaches clinics and GMS trainings for coaches in conjunction with the SOGA Director of Program Services.
- Ensure an application for the Special Olympics Sports Training Certificate is completed by each participant attending a coach's clinic.
- Ensure that each local coach that is training athletes submits a Coach's registration form to the state office.
- Compile a resource list of professionals in the fields of athletics, sports, celebrities, university professors, sports officials, and coaches who would be able to assist with the sports training program.
- Develop a system to thank coaches, clinicians, Sports Directors, and facility and equipment lenders on an on-going basis.
- Assist the SOGA Director of Program Services in notifying coaches, prospective coaches, teachers, and Special Olympics athletes of all upcoming training opportunities.
- Assist with securing facilities for training and competitions free of charge.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Training Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Know a variety of sports contacts for recruiting volunteer coaches and clinicians.
- Well developed organizational and communications skills
- Well developed management and supervision skills.
- Former experience with Special Olympics (a certified Special Olympics coach, official, or Games Director is preferred).

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM PUBLIC RELATIONS CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Public Relations Chairperson

OBJECTIVE: The Public Relations Chairperson develops and implements on-going activities, materials, and media opportunities to increase community awareness of Special Olympics.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies regarding language guidelines, use of logo, and credit line.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team members on a regular basis.
- Develop a year-round Public Relations/Education plan and implement PR activities.
- Compile a media and PR directory of all newspapers, PR agencies, publications, radio and TV stations in the area.
- Inventory all PR materials annually.
- Establish and utilize a Speakers Bureau that includes Global Messenger athletes and youth.
- Promote Fundraising, Quality Growth, Families, Sports, & Volunteer needs.
- Prepare press releases for public release on radio, TV and print.
- Compile a mailing list of local programs, school districts, schools, universities, institutions, community organizations, local businesses, sponsors, and radio and TV stations who should receive copies of memos/newsletters.
- Prepare all official communications directed by the Local Coordinator (Invitations, PR statements, advertisements, etc...).
- Utilize business' marquees, billboards, business cards, movie advertisements, and cable community calendars for promotions.
- Develop a Program Fact Sheet.
- Write a proclamation for the Mayor to establish a Special Olympics Week or Day. Arrange a press conference for the signing of the proclamation for radio or TV.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Public Relations Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Public Relations experience a plus.
- Knowledge of media outlets in the community.
- Refined oral and written communication skills
- Interview experience: Prepare to be interviewed on radio and TV programs and by reporters.

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM COMPETITION CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Competition Chairperson

OBJECTIVE: The Competition Chairperson recruits and manages a team of volunteers for each competitive event conducted to ensure the availability of quality, Olympic-type competitions in a safe environment for Special Olympics athletes.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies regarding training, competition, eligibility, and safety.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Teams, Officials, and Coaches on a regular basis.
- Ensure the development and implementation of an annual competition plan.
- Submit a Competition Sanctioning Form to SOGA for all competitions.
- Publish a calendar of competitions.
- Develop a competition budget.
- Secure quality facilities and equipment.
- Monitor competitions for adherence to Special Olympics sports rules.
- Meet medical and safety requirements.
- Conduct evaluations of each competition.
- Conduct annual evaluations of competition plans, goals, and objectives.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Competition Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Pre-established relationships with sports and other contacts in the community are helpful.
- Stimulate community involvement in competitions.
- Prior experience conducting sports events and working with individuals with intellectual disabilities (preferably, the Competition Chairperson will have prior experience as a member of at least one Games Evaluation Team or Games Management Team).
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM FINANCE CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Finance Chairperson (NOT REQUIRED IF YOU DO NOT HAVE A SOGA BANK ACCOUNT)

OBJECTIVE: The Finance Chairperson Identifies the Program's financial needs and manages funds raised by the local Special Olympics program throughout the year.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies regarding finance and fundraising. (See Financial Management Guide)
- Attend and fully participate in Management Team Meetings.
- Communicate regularly with other Management Team Members.
- Ensure that an annual budget is developed based upon the Program's needs.
- Forward the budget to the Management Team for approval and submit to SOGA as part of Accreditation.
- Send required financial reports & bank statements to the SOGA state office monthly.
- Keep accurate records of all income and expenditures.
- Analyze outcome of fundraising projects.
- Establish checking (and savings) account under direction of SOGA Office.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Coordinate with the Program Manager/Local Coordinator a planned budget of expenditures and revenue
- Present a financial statement at each called or regular meeting of the Management Team for approval.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Finance Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Experienced in finance and/or accounting.
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, call your Program Manager at the State Office. 770-414-9390

Signature

Date

*REMINDER: No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event or activity, or as a fee for the athletes' participation in any Special Olympics training or competition.

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM FUNDRAISING CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Fundraising Chairperson (**REMINDER: YOU MUST HAVE A SPECIAL OLYMPICS GEORGIA BANK ACCOUNT IN ORDER TO FUNDRAISE IN THE NAME OF SPECIAL OLYMPICS GEORGIA**)

OBJECTIVE: The Fundraising Chairperson develops and implements projects and activities throughout the year to raise funds that support the needs and growth of the local Special Olympics Program.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA and SOI policies and guidelines regarding sponsors, fundraising, language guidelines, use of logo, and credit line.
- Attend and actively participate in all Management Team meetings.
- Communicate with other Team Members on a regular basis.
- Coordinate fundraising activities.
- Evaluate fundraising plans and set goals annually.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Recognize and thank volunteers who staff the various fundraising special events, with the help of the Volunteer Chairperson.
- Identify prospective donors and develop a strategy for engaging them.
- Maintain a current file on sponsors and donors.
- Ensure proper donor and sponsor recognition
- Conduct diversified fundraising:
 1. Special events
 2. Individual and corporate gifts and sponsorships – cash and in-kind
 3. Sponsor an athlete or team
 4. Civic and fraternal service projects
 5. Piggyback on SOI/SOGA promotions
- Analyze all fundraisers for gross and net results as well as public relations value.
- **Submit fundraising project authorization form to the SOGA Office 30 days prior to the start date of each project.**
- **Submit In-Kind Donation Forms to SOGA.**

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Fundraising Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Experience with fundraising
- Well developed oral and written communication skills

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM ATHLETE CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Athlete Chairperson

OBJECTIVE: To work as part of the Area/Local Management Team to improve Special Olympics on the Area/Local level by giving valuable input from an athlete's perspective. To give feedback to the Management Team from other Special Olympics athletes concerning any changes that needs to be implemented on a Local/Area level.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management team Members on a regular basis.
- Encourage and refer potential athletes to the Special Olympics Georgia program.
- Serve as a liaison between the Area/Local Management Team and Special Olympics athletes.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Athlete Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Must be a registered athlete.
- Ability to communicate effectively with Management Team members and give input.
- Ability to speak in front of targeted audiences.

For additional support and resources or if you have questions, call your Program Manager at the State Office. 770-414-9390

Signature

Date

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM FAMILY CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Family Chairperson

OBJECTIVE: The Family Chairperson will increase family involvement with Special Olympics athletes to strengthen family ties, promote awareness of people with intellectual disabilities and to assure the continuing quality of the Program.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies.
- Attend and actively participate in Management Team meetings.
- Communicate with Management Team Members on a regular basis.
- Develop a Family Plan which incorporates the following: recruits additional Special Olympics athletes and their families, encourages family members to show support and play a major role in educating the public about Special Olympics, encourages family members to promote Special Olympics within the school system, other organizations and the community.
- Create a Program-wide mailing list of interested families.
- Develop a mechanism for disseminating information to families (i.e., newsletters or family section in existing newsletter).
- Develop a referral system for families who wish to attend coaches clinics, special events, family seminars and competitions.
- Coordinate efforts with the Athlete Chairperson to recruit more families and athletes.
- Arrange for a registration/hospitality tent for families at competitions.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Family Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Well developed organizational and communication skills.
- Ability to motivate and communicate.
- Ability to delegate responsibilities to committee members.
- Ability to speak in front of a large targeted audiences.

For additional support and resources or if you have questions, please call your Program Manager at the State Office. 770-414-9390

Signature

Date

Special Olympics Georgia
Goals for 2023-2024
(At least FOUR more goals must be included below)

Annual athlete participation increase of at least 1% (Mandatory Goal)

**Special Olympics Georgia
Review of 2021-2022 Goals**

***** Please write a review of ALL your goals from 2021-2022 and write which ones were met with an explanation and which ones were not met and why. Simply stating “met” and/or “not met” for goals is not acceptable.**

***If you are a new agency, please write “We are a new agency and therefore have no previous goals to review” below.

***Your Program Manager has a copy of your prior goals and accreditation if you should require that information.

*** If you could not complete prior goals due to COVID-19 please notate.

**Special Olympics Georgia
2023-2024 Calendar of Events**

: 2023-2024 CALENDAR

(Agency)

*This calendar should represent dates for the whole two years in which you are accredited. We do understand that planning for such a long period is not always accurate, but we urge you to be as specific as possible when planning your dates and locations for **all** events pertaining to Special Olympics Georgia.

**Special Olympics Georgia
Proposed Budget 2023-2024**

Revenues

Expenses

*A budget is no longer required if you do not have a Special Olympics Georgia bank account.

*Reminder: **No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics Georgia without a Special Olympics Georgia bank account**



POLICY CONCERNING THE PROHIBITION OF CHARGING FEES

PROHIBITION ON CHARGING FEES

- Article 7, Section 7.02 of the Special Olympics, Inc. General Rules states the following concerning the charging of fees for athletes or their families:
- “No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event of activity, or as a fee for the athletes’ participation in any Special Olympics or competition (collectively, “Prohibited Fees”).

By signing below I acknowledge that I, the Management Team Chairperson, have read and understand this policy prohibiting the charging of fees to any Special Olympics Georgia athletes or their families as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

Signature of Chairperson

Printed Name

Name of SOGA Agency



Policy Concerning Fundraising

No agency may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia unless they are an accredited agency of Special Olympics Georgia.

No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without a Special Olympics Georgia bank account.

A Special Olympics Georgia bank account must be named in the following manner: Special Olympics Georgia – (Area # or Agency Name)

A Special Olympics Georgia bank account must list as authorized signers for the account: CEO of Special Olympics Georgia; COO or Director of Program Services of Special Olympics Georgia; Financial Chairperson of the local management team; any other necessary members of the local management team.

A Special Olympics Georgia bank account must be reported on monthly to the state office of Special Olympics Georgia using the appropriate financial reporting paperwork, which will be provided to you from the state office. Special Olympics Georgia reserves the right to close any Special Olympics Georgia bank account which falls 3 months behind in reporting.

No agency accredited by Special Olympics Georgia may hold any fundraiser using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without the approval of Special Olympics Georgia. A Fundraising Authorization Form must be submitted to Special Olympics Georgia at least ONE MONTH prior to each fundraising event.

By signing below I acknowledge that I, the Management Team Chairperson, have read and understand this policy concerning fundraising as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

Signature of Chairperson

Printed Name

Name of SOGA Agency

SPECIAL OLYMPICS GEORGIA, INC.
LOCAL COORDINATOR VOLUNTEER AGREEMENT

Local Coordinators are volunteer affiliates from schools, associations, institutions and other registered agencies. Local Coordinators are responsible for the following:

- All games wish lists, Athlete Application for Participation Forms and games fees (for all eligible athletes in the area), and agency accreditation
- Establishing and developing year-round training programs at the local level
- Securing game entry requirements (times, scores, distance, and team assessments) and submitting them to appropriate games personnel
- Submitting the Fundraising Project Authorization form for all local fundraising projects
- Publicize objectives and accomplishments of the local program to encourage public cooperation and assistance
- Attending all local and area organizational meetings
- Having Athlete Participation Forms at all local, area and state competitions and training sessions.
- Gathering and submitting Volunteer/Unified Partner profile forms, Coach Code of Conduct form, Protective Behaviors trainings, and Concussion trainings.
- Providing a year-round training program for Special Olympics athletes in the community
- Recruiting volunteers to help with training sessions and games
- Encouraging parents to work with their athletes
- Understanding and enforcing the housing policy set forth by Special Olympics Georgia at any Special Olympics Georgia sanctioned event – a copy of this policy can be found on the back of the athlete participation form

I am aware that the position of Local Coordinator is a volunteer position. However, in some circumstances if the Local Management Team agrees to pay a stipend for services rendered:

- Payment received for the performance of the above duties cannot exceed \$1,500.00 annually
- Payment from which no deductions will be withheld, including Federal and State tax, F.I.C.A. tax, retirement and employee insurance
- Accumulated amounts of \$600.00 or more for a year beginning January 1 through December 31 will be reported on a 1099 form (Miscellaneous Income) to be included on your income tax returns
- Special Olympics Georgia, Inc. will file the 1099 with both the Internal Revenue Service and State of Georgia Income Tax Division

I do hereby agree to run the Special Olympics Georgia program in my area or for my agency and to abide by the terms of agreement listed above. I will perform the duties listed above to the best of my ability:

Special Olympics Georgia, Incorporated employs the Affirmative Action plan which gives equal employment/volunteer opportunities to all applicants regarding race, color, religion, sex or national origin.

Area/Agency _____

Date _____

Signature of Local Coordinator _____

Signature of SOGA Representative _____

Print your name _____

Social Security Number _____

E-Mail _____

Address _____ City _____ State _____ Zip _____

_____-_____-_____
Phone (Business)

_____-_____-_____
Phone (Home)

_____-_____-_____
Fax

11/17/2015



COMPETITION SANCTIONING FORM

Special Olympics Incorporated (SOI) requires that all Competitions be sanctioned. In order to hold an *Official* Special Olympics competition, you must submit this form to the Special Olympics Georgia State Office with your Accreditation packet in November. Notify the SOGA Office of any changes in date / location of event. **ALL information must be completed for approval.**

AREA / LOCAL PROGRAM: _____

NAME OF COMPETITION: _____
(Example: DeKalb County Summer Games, Area 2 Softball Tournament, etc.)

COMPETITION SITE & CITY: _____

COMPETITION DIRECTOR'S NAME: _____

PHONE #: (_____) _____ FAX #: (_____) _____

E-MAIL ADDRESS: _____

COMPETITION DATE: _____ RAIN DATE: _____

What Official Special Olympics sports will be offered?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 2. _____ | 4. _____ |

Which of these sports will offer UNIFIED competition? _____

List any other events / activities that will be offered: _____

Will a Special Olympics Georgia approved torch be used during this event?

Name the volunteer responsible for the use of the said torch:

I verify all information given is accurate and true for the competition:

Local Coordinator: _____ Date: _____

SOGA Program Manager: _____ Date: _____

SOGA OFFICE USE ONLY:

DATE RECEIVED: _____

APPROVED: _____

DENIED: _____

REASON: _____

Chief Sports and Program Officer SIGNATURE: _____

RETURN FORM TO:

Chief Sports and Program Officer
David.Crawford@specialolympicsga.org
Special Olympics Georgia
3998 Inner Perimeter Road, Ste. A
Valdosta, GA 31602
Fax #: 404-393-2929

Updated: 11/6/2020



Dear Area Coordinators, Local Coordinators, and Fundraising Chairs:

Thank you so much for all of that you do for Special Olympics Georgia – we are very lucky to have such committed and dedicated volunteers!!

When submitting a Fundraising Authorization Form, please make sure that you are using the attached, most up-to-date form. Please discard any old copies and **only use this form.** I frequently am asked questions regarding the fundraising process, and I want to take this opportunity to address some of those questions, as well as highlight some of the important steps in the process.

The Fundraising Authorization Form **must be completed and submitted to the state office a minimum of 30 days prior to your event and before initiating any fundraising activities** (i.e., sale of merchandise/goods, donation/sponsor requests, events, etc.). The form can be mailed, faxed, or e-mailed to the state office.

Typically, within 2 business days after receipt of the form, you will receive an e-mail response with questions and/or approval. Your Program Manager will be copied on the e-mail.

It is **important for the fundraising authorization form to be completed for several reasons:**

- It prevents overlapping of events, opens communication channels, and builds historical records.
- It enables the state office to **provide assistance/advice on events.**
- It helps to **ensure that we do not make multiple donation requests to the same person or business**, which usually confuses potential donors and leads them to decide not to give on any level. It is important that we continue to build a strong donor base on all levels so that the athlete's fees for games remain as affordable as possible, and so that your local program can function well. **When we confuse donors by making multiple requests, it has a negative impact on the organization as a whole and ultimately impacts the athletes.**
- It helps to **prevent “fake” events.** Local officials or community members often call the state office to verify that a fundraiser is legitimate and that the funds raised are truly being directed to Special Olympics Georgia. The only way we can verify a fundraiser is if we have a completed fundraising authorization form. If there is not a completed form on file when a call is received, then steps will be taken to end the event. This is **necessary in preventing the fraudulent use of the Special Olympics Georgia name to raise monies.**

To help with our record keeping and reporting of all fundraising monies, please **provide complete answers to all questions on the fundraising authorization form.**

Due to changes that the **IRS** has made in how we must report fundraising revenue and expenses, it is **vital your treasurer write in the name of the fundraiser on the monthly financial report.** This allows us to correctly track and report fundraising revenues and expenses. **If monies are not correctly reported to the IRS, this significantly affects our fundraising ratios and ratings, which in turn can affect whether someone chooses to donate to Special Olympics Georgia on a local or state level** (if it looks like we don't put most of our money/donations towards athlete programs and services, people often will choose not to support us).

I hope this clarifies the fundraising process and its importance. If you have any questions, concerns, or fundraising ideas, please don't hesitate to contact me at 770-414-9390 x1120 or catherine.justice@specialolympicsga.org. I look forward to working with you to help you reach your fundraising goals!

Thank you!

Catherine Justice

Special Olympics Georgia Fundraising Project Authorization Form

Permission to conduct any fundraiser project to benefit Special Olympics in the State of Georgia must be requested at least **30 days** prior to the project's start date. It is anticipated that any/all fundraising projects will be limited to special events (e.g. car washes, dinners, softball tournaments, road races, etc.) and occasional requests to locally owned businesses for in-kind gifts of products/services to support games and competitions. A comprehensive list of all prospects to be solicited must be submitted to the State Office for approval. In almost all cases, direct approaches to 1) large corporations, 2) businesses that are not specifically locally owned and operated, and/or 3) any company or business that sponsors SOGA or SOI events should not be planned. SOGA will not assume responsibility for any expenses incurred from your event.

Please note: before any solicitations in your community can start or any publicity announcing your event begins, approval must be granted by Special Olympics Georgia State Office, even if you have completed this form for the same event in past years, you must fill it out for the current year.

AREA: LOCAL PROGRAM/COUNTY:

PROJECT/EVENT NAME:

DESCRIPTION (including location, target population, cost per person, and event details):

HOW DO YOU INTEND TO RAISE MONEY WITH THIS FUNDRAISER (check all that apply to this fundraiser)?

_____ Sale of Merchandise/Goods _____ Sponsorship/Direct Donations Requests _____ Event

PROJECTED INCOME: PROJECTED EXPENSES OF FUNDRAISER:

DATE OF EVENT/PROJECT: # OF PARTICIPANTS:

WILL YOU NEED LIABILITY INSURANCE COVERAGE FOR YOUR EVENT? YES NO
(fees for insurance coverage must be paid by your local/area program)

COORDINATOR'S NAME/TITLE:

EMAIL: PHONE #:

COORDINATOR'S ADDRESS:

ITEMS/ASSISTANCE NEEDED FROM STATE OFFICE (this could include listing on the SOGA website if desired):

LIST OF BUSINESSES TO BE CONTACTED (attach a separate sheet if necessary):

Please fill out this form completely and **mail** to Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071; **or fax** to 404-393-2929; **or e-mail** to catherine.justice@specialolympicsga.org. If you have any questions, please don't hesitate to contact Catherine Justice, Special Events and Marketing Manager at 770-414-9390 x 1120 or catherine.justice@specialolympicsga.org.

FOR STATE OFFICE USE

APPROVED:

DATE:

ACTION:

Updated 1/07/2022



Value-In-Kind Contribution Form

(Product/ Services Donation Form)

(Check one) State _____ Area _____ Local _____ Booked _____ Unbooked _____

Individual/ Company Name

RE Id # if applicable

Contact Name

email Address

Address

City

State

Zip

()

()

Telephone

Fax

Contribution Date of Product or Service

Dollar Value Stated by Donor*

Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values)

Contribution was used for (event, fundraiser, area, general, etc.):

Form completed by: _____

**Receipt needed if dollar value is \$5,000 or more*

Please return completed form to:

Jenna Osenbaugh

By E-mail: Jenna.Osenbauhj@specialolympicsga.org

By Mail: Special Olympics Georgia
6046 Financial Drive
Norcross, Georgia 30071

By Fax: (404) 393-2929

FOR SOGA STAFF USE ONLY:

Would you like to add a personal note to the acknowledgement (state office employees only)? No Yes

Entered into Notebook _____ Entered into Spreadsheets _____



VOLUNTEER & UNIFIED PARTNER PROFILE FORM

PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Please return to Volunteer & Program Manager via fax: 404-393-2929 Or mail to: 3998 Inner Perimeter Rd, Suite A, Valdosta, GA 31602 OR 6046 Financial Drive,

Norcross, GA 30071 or scan and email to:

Rachel.Miller@SpecialOlympicsGA.org Phone (770)-414-9390 ext. 1118

Visit us on the web: www.specialolympicsga.org

Check if you are a ☐ General Volunteer ☐ Coach ☐ Unified Partner ☐ Bus Driver
☐ GOC/Committee Member ☐ Local/Area Management Team ☐ Other (please list) _____

Full Name: _____ Date of Birth (Required): _____ ☐ Male ☐ Female ☐ Other
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email address (Required): _____

Race (optional): Caucasian ☐ African American ☐ Hispanic/Latino ☐ Asian ☐ Other ☐

If you're already connected to Special Olympics locally, let us know where!

Special Olympics Georgia Agency: _____ Area (1-18): _____

PHOTO ID CHECK – Please complete one of the following photo ID checks prior to sending your Profile Form to SOGA

☐ Enclosed is a photocopy of my driver's license

☐ I, _____ verify that the person on this Profile Form has represented his/her
(**Full name of representing Class A Volunteer) identity to the best of my knowledge:

**Signature of Class A Volunteer Date

****Only the following volunteers can complete a photo ID check (you cannot sign your own name on box 2)**

Please circle your volunteer status: • Local Coordinator • Local/Area Management Team • State Games Management Team • SOGA Team

Next Steps: (Required of ALL Class A Volunteers age 18 and older)

1. Protective Behaviors Training

-Please visit <https://learn.specialolympics.org> to complete Protective Behaviors Training.

-Please list the date that the Protective Behaviors Training was completed: _____

2. Background Check using Sterling Volunteers

-Go to <https://app.verifiedvolunteers.com> and click **LOGIN** at the top right corner

-Create a Volunteer account

-When asked for Good Deed Code, enter **7n97744i**

-Please list the date that the Sterling Volunteers Background check was completed: _____

Other Requirements for coaches, chaperones, bus drivers:

Please visit <https://learn.specialolympics.org> to complete Concussion Training.

Please answer the following questions honestly:

Do you use illegal drugs? _____ Have you ever been convicted of a criminal offense? _____

Have you ever been charged with and/or convicted of neglect, abuse, or assault? _____

Has your driver's license ever been suspended or revoked in any state or other jurisdiction? _____

If you answered "Yes" to any of the above questions, please explain below, giving date, charge, state, etc.

HEALTH INFORMATION – collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.

Please mark if you have any of the following conditions and provide details:

- | | |
|---|--|
| <input type="checkbox"/> Special Dietary Needs | <input type="checkbox"/> Epilepsy or Seizure Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Assistive or Implantable Devices | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sickle Cell Anemia/Trait |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Chronic Infection |
| <input type="checkbox"/> Asthma or Respiratory Condition | <input type="checkbox"/> Missing Organ (e.g. spleen, kidney) |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Other Health Conditions |

Please list any medications, vitamins, or dietary supplements below:

UNIFIED PARTNER RELEASE AND WAIVER OF LIABILITY

Please initial next to each to acknowledge you read and understand the below disclosure

Initial _____ In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (or my child if a minor) am (is) qualified, in good health, and in proper physical condition to participate in Unified Sports events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (or my child's if a minor) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I, (and/or my minor child) will discontinue participation immediately.

Initial _____ If during my participation in Special Olympics activities I should need emergency medical treatment and I (or my child if a minor) am (is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization. I understand the risk of injury and continuing of participation with or after a concussion, and may have to seek medical treatment, possibly waiting 7 days or more and permission from a doctor to play sports again. If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

Initial _____ I (or my child if a minor) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other Unified Sports participants, sponsors, advertisers and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (or my child if a minor) may incur as a result of participation in Unified Sports events and further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Initial _____ I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information"). I agree and consent to Special Olympics using my personal information in order to make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services using my personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media. I can share my personal information with researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, medical professionals in an emergency, and government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law. I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

Privacy Policy – Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at <http://www.specialolympicsga.org/about/special-olympics-georgia-privacy-information/>

Initial _____ SOGA Housing Policy – Special Olympics Georgia (SOGA) usually provides housing for Athletes, Unified Partners and Coaches entered in each State Games. SOGA totals the number of male and female Athletes, Unified Partners and Coaches per agency and assigns room allotments based on those totals. When determining allotted room numbers, SOGA allocates and provides 4 persons of the same gender per room for a Double/Double or King room with a pullout, 2 persons of the same gender per room for a King room and 5 persons of the same gender per room for a Queen/Queen with a pullout. In dorm rooms, SOGA allots one bed per person. Athletes, Unified Partners, Coaches and general volunteers may not share a room with Athletes, Unified Partners, Coaches and general volunteers of the opposite sex.

Initial _____ In the course of volunteering for Special Olympics, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. The relationship between Special Olympics Georgia and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Georgia. I grant Special Olympics Georgia and Special Olympics, Inc. permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Georgia's and Special Olympics, Inc.'s Website, or in any other form, format or media to promote activities of Special Olympics. I understand that the Protective Behaviors training must be completed every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. If I am 18 years old or older, I am required by Special Olympics Georgia to submit a background screening every 3 years in order to be considered a Class A volunteer and to participate as a volunteer at any Special Olympics Georgia event. I agree to pay \$2.00 for my background screening through Sterling Volunteers, Inc. and I give permission for Special Olympics Georgia to view my background screening.

All information contained in this application is true and complete and correct to the best of my knowledge. I will contact the Special Olympics Georgia office at (770) 414-9390 if any of my information changes. In signing this application, I have read the forgoing information, and I agree to comply with the volunteer or coach code of conduct and all Special Olympics rules and regulations of the organization.

By signing below, I am acknowledging that I have read and understand this disclosure and agree to abide by all SOGA guidelines.

Volunteer/Unified Partner's Signature _____	Date: _____
Signature of Parent or Guardian (if Volunteer is Minor) _____	Date: _____
Print Full Name of Parent or Guardian _____	Phone: _____
Emergency Contact Information Name: _____	Phone: _____