

# ALPs UNIVERSITY - FALL SEMESTER REGISTRATION FORM

Due IN HOUSE to the State Office by Friday, September 22, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email [entries@soindiana.org](mailto:entries@soindiana.org)

**Special  
Olympics  
Indiana**



## PROGRAM INFORMATION

COUNTY PROGRAM: \_\_\_\_\_ AREA: \_\_\_\_\_

## ATHLETE LEADER INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 DIETARY RESTRICTIONS: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

## MENTOR INFORMATION

NAME: \_\_\_\_\_  **FIRST TIME MENTOR**  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 DIETARY RESTRICTIONS: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

Athletes must attend *Introduction to Athlete Leadership* as their first class. Athletes must have 1-on-1 support from a mentor during any class. *Leadership Capstone* is the final course and is only available to those athletes who have satisfied all the necessary prerequisites and practicum hours.

Athletes may register for one class only.

## COURSE REGISTRATION

✓ to register	COURSE	COURSE DESCRIPTION	PRACTICAL EXPERIENCE <i>(required within 6 months of class)</i>
<input type="checkbox"/>	<b>INTRODUCTION TO ATHLETE LEADERSHIP</b>	Overview of ALPs choices, input councils, and basics of leadership concluding with development of personal mission statement and selection of a major. <i>Minimum-4; maximum-12.</i>	To volunteer at least 10 hours at Area, County or State events and become a Class A Volunteer.
<input type="checkbox"/>	<b>GLOBAL MESSENGER I</b>	Initial training for athletes who want speaking experience and would like to learn speaking skills. <i>Minimum - 4; maximum - 12.</i>	To conduct at least five (5) presentations to community, school, or civic groups.
<input type="checkbox"/>	<b>GOVERNANCE: BOARDS AND COMMITTEES</b>	Governance definition; Special Olympics mission statement; policy setting; practices in board and committee meetings; athletes' role as a decision maker. <i>Minimum - 4; maximum - 12.</i>	To attend five (5) Athlete Input Councils or start a Council if your Area or County does not have one.
<input type="checkbox"/>	<b>POWERPOINT</b>	How to build PowerPoint® presentations, including use of digital photography. <i>Minimum - 4; maximum - 8.</i>	To prepare at least two (2) new PowerPoint® presentations to be used by County/Area Management Team or the State Office.
<input type="checkbox"/>	<b>TECHNOLOGY: SOCIAL MEDIA</b>	How to use Social Media tools (Facebook, Twitter, etc.) to promote Special Olympics and communicate with our audiences. <i>Minimum - 4; maximum - 8.</i>	To complete a series of eight (8) technology-related tasks using a computer.
<input type="checkbox"/>	<b>TECHNOLOGY: PHOTOGRAPHY &amp; VIDEOGRAPHY</b>	How to use photography and videography in your role as an athlete leader. <i>Minimum - 4; maximum - 8.</i>	To complete a series of technology-related tasks using a computer and camera.
<input type="checkbox"/>	<b>ATHLETES AS COACHES</b>	Introduction to coaching skills, focusing on the qualities of an effective Special Olympics coach. <i>Minimum - 4; maximum 12.</i>	To serve as a coach or assistant coach for a Special Olympics team for a full season.
<input type="checkbox"/>	<b>HEALTH &amp; FITNESS ADVOCATES</b>	This course will provide athletes with guidance and support to develop their advocacy skills. Athletes will build on their personal successes and community leadership experiences from the <i>Introduction to Health &amp; Fitness</i> course practicum. <i>Minimum - 4; maximum 12.</i>	To be assigned by course instructor.
<input type="checkbox"/>	<b>LEADERSHIP CAPSTONE</b>	Focuses on the difference between effective and enduring leaders through value-based leadership. <i>Minimum - 4; maximum - 12.</i>	Leadership project(s) chosen by the athlete leader.

## FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that entry information is correct .

X \_\_\_\_\_  
 County Coordinator Signature Date