

SECTION:
TOPIC:
EFFECTIVE DATE:
REVISED DATE:

PROGRAM
Junior Coach/Volunteer of the Year
September 2003
June 2006

4000-15-A

PAGE 1 of 5

This award will be presented annually to Saskatchewan's most outstanding coach in a junior category.

Nominations:

Each Special Olympics accredited Zone/Community or zones is encouraged to nominate a coach 21 years of age or younger who they feel is worthy of receiving this prestigious award. Nominations are accepted from any SOS member in good standing including: **the executive committee, coaches, volunteers, athletes, Board of Directors, Sport Advisory Council, and the provincial office** by (annual deadline date). All nominations must be accompanied by a Nomination Form (attached), letter (1) letter of reference and either a digital photo OR a passport sized photo (hard copy).

NOTE: Any additional forms/letters of support will not be considered by the Selection Committee when reviewing the nominations.

The Special Olympics Saskatchewan Awards committee will carefully review the nomination and select the winners.

Junior Coach Award Criteria:

Nominations will be judged on the strength of their Submission by the criteria described in the following:

- I. CONTRIBUTION TO SPORT IN SPECIAL OLYMPICS**
 - How has the coach contributed to the overall organization, promotion and development of sport in Special Olympics?
- II. COACHING EFFECTIVENESS**
 - In what way(s) has the coach been effective in assisting the athletes to achieve their personal goals in sport? Is the coach ethical and progressive in sport?
- III. PERSONAL DEVELOPMENT**
 - Is the coach involved in personal development and coaching education?
- IV. LEADERSHIP**
 - What is the conduct of the coach? Is the coach a positive role model for the athletes and for other coaches? Does the coach provide stable and consistent leadership qualities? Does the coach teach and practice cooperation, self-discipline, respect for officials and opponents, and proper attitudes in language, dress and deportment?

Award Recognition:

- This award will be presented to the successful recipients at the Provincial Awards Banquet held annually.
- The recipients will receive a Junior Coach/Volunteer of the Year plaque.
- The recipients' names will be added to Special Olympics Saskatchewan Memorial Plaque.
- The recipients will be recognized in the Special Olympics Saskatchewan newsletter.
- The coach may be further considered for the National Male/Female Coach of the Year award.

SECTION:
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September 2003
June 2006

4000-15-A

PAGE 2 of 5

Nomination Form

| | |
|--|--------------------------|
| Nominee's Name: _____ | |
| Address: _____ | |
| City: _____ | Postal Code _____ |
| Telephone Number: (H) _____ | (B) _____ |
| E-Mail: _____ | |
| Gender: (Please Circle) Male Female | |

Please complete the following information in support of this nomination.

I. CONTRIBUTION TO SPORT IN SPECIAL OLYMPICS

a. Please specify the coach's involvement with any sport committees, board and/or associations. Provide the term of office and list the responsibilities and two key responsibilities he/she had/has in these positions.

SECTION:
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EFFECTIVE DATE:
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June 2006

4000-15-A

PAGE 3 of 5

Nomination Form

b. What has the coach/volunteer done to encourage and support the development of assistant coaches, parents and other volunteers?

c. How has the coach/volunteer's athlete(s)/team(s) demonstrated improvement? Provide specific examples of athlete/team improvement and achievement of goals.

SECTION:
TOPIC:
EFFECTIVE DATE:
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PROGRAM
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September 2003
June 2006

4000-15-A

PAGE 4 of 5

Nomination Form

II. COACHING EFFECTIVENESS

a. Provide 2 key examples of how the coach has demonstrated concern for the all-round development of his/her athletes and how he/she assists them to achieve their goals.

III. PROFESSIONAL DEVELOPMENT

a. Please state the nominee's coaching certification the coach/volunteer has attained (i.e. theory, technical, practical, and certified courses) in Special Olympics and/or generic sport as well as any other courses/seminars that he/she attended that demonstrates the coach's commitment to his/her professional development.

SECTION:
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PROGRAM
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June 2006

4000-15-A

PAGE 5 of 5

Nomination Form

IV. LEADERSHIP

a. Provide specific examples of how the coach/ volunteer have been a positive role model for the athletes and other coaches/volunteers.

Please complete the nomination form and return by the deadline date of each program year.

| | | |
|--------------------------------|---------------------------------|-------------|
| Nominated by: _____ | | |
| Address: _____ | | |
| City/Town: _____ | Postal Code _____ | |
| Phone Number: (H) _____ | (B) _____ | |
| E-mail: _____ | | |
| _____ | _____ | _____ |
| (Signature) | Position relating to SOS | Date |
| _____ | _____ | _____ |
| (Witness Signature) | Position relating to SOS | Date |

| FOR OFFICE ADMIN ONLY: | |
|-------------------------------|--|
| DATE RECEIVED: | |
| MEMBER SINCE: | |
| NCCP#: | |
| INITIALS: | |

