



## Family Messenger Position Description

A Family Messenger is a trained Special Olympics family member who serves as a support person and provider of information to family members of potential Special Olympics athletes. Below is a summary of the expectation for Family Messengers:

- Commit to the Family Support Network for at least 2 years
- Provide support as a Family Messenger for 10 hours per month
- Attend a Family Messenger training seminar
- Fill out a Family Messenger information form prior to the training
- Make at least 10 presentations to community partners to educate prospective families and agencies about Special Olympics
- Seek out at least 8 community partners who will serve as referral sources for new families and 25 new athletes
- Develop a "Family Welcome Package" tailored for families
- Make a connection with at least 10 families per year who are new to Special Olympics
- Offer advice and assistance to family members
- Fill out a contact log and provide a copy of this log to the Family Support Network Coordinator
- Notify the Family Support Network Coordinator immediately after the first contact with a new family
- Update the Coordinator periodically regarding the progress of the support relationship and consult with the Coordinator if problems arise
- Follow the Family Support network rules regarding confidentiality

### As a Family Messenger . . .

I understand and agree to maintain confidentiality regarding information I receive about or from the family I am supporting. This means that conversations I have with the family I am supporting will be kept private and only shared when needed with the Family Support Network Coordinator.

I agree to provide timely and appropriate support to the families referred to me. I understand that I am **not** a professional counselor and that I should not provide *advice*; rather my role is to **listen** and to share my own experiences.

I agree to accept and handle referrals when possible, feeling free to say "no" if family or personal considerations make it impossible to provide help needed by a new parent.

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

City/State: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**As County Coordinator**, I nominate the above person and will provide County funds for local and state travel, family recruitment activities and family materials. I further understand that SOFL will provide 1 training session and will pay for room and board.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Please send the form back either by fax or email:**  
fax form: 352-243-9568 or [amy.lesner@sofl.org](mailto:amy.lesner@sofl.org)