



## FUNFITNESS CLINICAL DIRECTOR APPLICATION QUESTIONNAIRE

Dear FUNfitness Clinical Director Candidate,

Thank you for expressing interest in becoming a clinical director for Special Olympics FUNfitness. As a clinical director, you will join other volunteer health professionals in supporting the Special Olympics Healthy Athletes® program. A clinical director must be licensed according to the standards of the state/province/region in which they serve. Your application will be reviewed by the local Special Olympics Program, Regional Health team, and Special Olympics International (SOI). Once approved by SOI, you will participate in a blended learning experience to complete your training and become a clinical director.

For more information about Special Olympics Healthy Athletes® and FUNfitness, visit:

<https://resources.specialolympics.org/health/funfitness>

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Name: \_\_\_\_\_ Professional Title/Degree: \_\_\_\_\_

License Number: \_\_\_\_\_ State/Province/ Country of License: \_\_\_\_\_

If a license number is not applicable in your country, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Include certifications in your attached CV to support your qualifications if a license is not applicable.*

Expiration date of most recent licensure or renewal: \_\_\_\_\_

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Have you ever volunteered at a FUNfitness event?

Yes  No

*If yes, please describe:* \_\_\_\_\_

Do you have experience providing physiotherapy to people with intellectual & developmental disabilities (IDD)?

Yes  No

*If yes, please describe:* \_\_\_\_\_

List any memberships or affiliations with professional organizations

\_\_\_\_\_

Do you have flexibility in your schedule to support FUNfitness events to fit your local Special Olympics Program's needs with the expectation of at least one event per year?

Yes  No

Are you able to travel within your local Special Olympics Programs' service area to support FUNfitness events?

Yes  No

In your role as clinical director, how would you contribute to the FUNfitness program and support its continued success while working within the existing program model? *(please select all that apply)*

- Professional network relations
- Connections to local equipment and supply resources
- Supporting recruiting and training efforts in alignment with FUNfitness protocols
- Facilitating access to follow-up services and care for athletes
- Other: \_\_\_\_\_

*Please share details of these contributions with your Special Olympics Program staff.*

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Please check the boxes below to confirm you have read, understand, and agree to the FUNFitness Clinical Director requirements:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| The FUNfitness program and role of clinical director have been explained to me. See description <a href="#">here</a> .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I hold an active license in the state/province/country where I will serve as a clinical director for FUNfitness events.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand that this role requires active licensure and will alert my SO Program if my license becomes inactive.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to follow the most up to date FUNfitness event and screening protocols as determined by Special Olympics International.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I will ensure compliance with any/all partnership agreements between Special Olympics and external partners.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I commit to actively serving as a FUNfitness clinical director for a minimum 3-year volunteer term.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I commit to utilizing tablets to digitize FUNfitness screening data in the Healthy Athletes System (HAS). If tablets are unavailable at a screening event, I commit to ensuring that paper HAS forms are thoroughly and accurately completed to support post-event data collection. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I commit to supporting program sustainability by recruiting clinical volunteers and providing mentorship to future clinical director trainees as assigned.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Please **ATTACH** your updated professional CV/resume in English in PDF format. Be sure it contains the following:

- Information about your **educational background**
  - **Licenses and/or credentials** you hold for your clinical profession
  - An outline of your **professional work experience**
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