**Part 1-Orientation Overview**

**Name:**

|  |  |
| --- | --- |
| Are you familiar with Special Olympics as a sports organization?   | ☐Yes ☐No  |
| Have you treated or worked individuals with intellectual and developmental disabilities-IDD? If yes, please describe**:**  | ☐Yes ☐No |
| Has the Pediatric Screening program been explained to you? And if so, by whom?   | ☐Yes ☐No  |
| Are you available to travel within your geographic region?   | ☐Yes ☐No  |
| Have you volunteered or worked with Special Olympics? Please describe:     | ☐Yes ☐No  |
| Do you have a network of colleagues, students or professionals who would volunteer at Pediatric Screening events you manage? If yes, please describe:     | ☐Yes ☐No  |
| Have you worked with an NGO, a non-profit or governmental agency or medical clinic? If yes, please briefly describe:     | ☐Yes ☐No  |
| Do you have experience training volunteers or students to provide health education, to deliver services at a health fair and/or to perform clinical screening? If yes, please describe**:**   | ☐Yes ☐No  |
| Do you have professional experience delivering clinical screening or health education  | ☐Yes ☐No  |
| Do you typically work with pediatric or adult clients/patients? Please describe: | ☐Yes ☐No |
| Are you able to dedicate time needed to the support the pediatric screening program, for example 3 or more days each year? If yes, please describe briefly:  | ☐Yes ☐No  |

**Part 2 – Motivation**

Why do you want to join our team and support Special Olympics Athletes by providing pediatric screenings, education and referrals to Special Olympics athletes?

Please describe what you hope to contribute to the Pediatric Screening program.

* clinical expertise and training skills to deliver screening services
* professional network relations
* connections to companies or agencies who can support the pediatric screening with volunteers, loans of clinical equipment, athlete incentives or small gift items such as items to support our health education messages

What distinguishes you from other clinicians or instructors in your region and makes you an outstanding candidate for this position?

**Part 3 –** Please attach your resume or CV that includes the following:

* General, professional and education background
* Special Interests and additional training
* Clinical experience
* Current position

Thank you for taking the time to complete this questionnaire. Please feel free to add any remarks that were not mentioned in this questionnaire.