**Volunteer Clinical Director Recruitment Invitation**

**Special Olympics Lions Clubs International Foundation Opening Eyes Program**

Special Olympics is the world's largest sports organization for children and adults with intellectual disabilities, providing year-round training and competitions to more than 4.5 million athletes in 170 countries. Special Olympics competitions are held every day, all around the world—including local, national, and regional competitions, adding up to more than 90,000 events a year. Special Olympics is the largest global public health organization dedicated to serving people with intellectual disabilities (ID). The Special Olympics Healthy Athletes Program offers health screenings in eight areas: Fit Feet–Podiatry, FUNfitness– Physical Therapy, Health Promotion– Better Health, Nutrition and Well–Being, Healthy Hearing–Audiology, MedFest–Sports– Physical Exams, Opening Eyes–Vision, Special Smiles– Dentistry and Strong Minds–Emotional Health.

The Lions Clubs International Foundation Opening Eyes program provides non–dilated vision screenings, refractions, and fabrication of prescription eyewear to Special Olympic athletes. Opening Eyes strives to positively impact the attitudes of the Optometrists, Ophthalmologist, Opticians, eye care professionals, along with optometry students and ophthalmology residents, who volunteer to care for people with ID. Opening Eyes Clinical Volunteers serve to educate the athletes, their guardians, coaches, and administrators about the importance of vision in performance in sports, school, and work. Through generous donations from our corporate sponsors, Safilo who provides frames, and OneSight EssilorLuxottica Foundation who provides lenses, athletes will receive appropriate eyewear at the culmination of the screening.

\*NOTE: The Opening Eyes screening does **NOT** replace a comprehensive eye exam, which includes dilation. Unified partners are not eligible to receive eyewear. Athletes, Unified partners, coaches, and guardians should be aware of this when present at the screening.

Dear Opening Eyes Clinical Director Candidate,

Thank you for expressing an interest in becoming a clinical director for the Special Olympics Lions Clubs International Foundation Opening Eyes program. As a Clinical Director you will join other eye care professionals volunteering in the Special Olympics Healthy Athletes Program. A Clinical Director must be credentialed according to the regional standards and criteria, once approved by the local Special Olympics program and Special Olympics International Opening Eyes, formal training will begin.

Please visit <https://www.specialolympics.org/get-involved/healthy-athletes> or contact [Openingeyes@specialolympics.org](mailto:Openingeyes@specialolympics.org) for more information to make a difference in a Special Olympics athlete’s life.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Number/States/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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Include certifications/documentation of your qualifications in your CV.**

**Have you volunteered at an Opening Eyes event?** ☐**Yes** ☐**No**

**Has the Opening Eyes program been explained to you?** ☐**Yes** ☐**No**

**Are you a member of the Lions Clubs?** ☐**Yes** ☐**No**

**Have you worked with Non-profits or Public Health agencies?** ☐**Yes** ☐**No**

If yes, please describe.

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**Do you have experience providing eyecare to people with Intellectual Disability (ID)?** ☐**Yes** ☐**No**

If yes, please describe.

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**Do you have experience providing eyecare to pediatric patients?** ☐**Yes** ☐**No**

If yes, please describe**.**

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**Do you have experience in the delivery of population-based vision services?** i.e., VOSH, Lions Clubs, community-based services, etc.☐**Yes** ☐**No**

If yes, please describe.

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**Do you have local opportunities to source vision screening equipment for use during your Opening Eyes event.** ☐**Yes** ☐**No**

If yes, please describe.

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**Are you aware that this is a minimum 3-year commitment?** ☐**Yes** ☐**No**

**Are you available to travel within your geographic region?** ☐**Yes** ☐**No**

**Do you have flexibility in your schedule to support your Opening Eyes event?** ☐**Yes** ☐**No**

If yes, please describe.

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**List current membership or affiliations with professional organizations:**

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**Describe briefly what distinguishes you from other eyecare practitioners in your region:**

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**Please feel free to add any additional information or comments:**

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**Please provide your CV that includes general and professional education, clinical experience, years of clinical experience, post-professional training, and current professional position, along with this completed questionnaire.**

Thank you for your time and interest.

OE CD overview video: <https://resources.specialolympics.org/health/opening-eyes/opening-eyes-training-video>

Inclusive Health: **call for action** <https://www.specialolympics.org/videos/inclusive-health-opening-eyes>