**Volunteer Clinical Director Recruitment Invitation**

**Strong Minds – Emotional Health**

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. 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

Special Olympics is a global movement of people creating a new world of inclusion and community, where every single person is accepted and welcomed, regardless of ability or disability. We are helping to make the world a better, healthier, and more joyful place, one athlete, one volunteer, one family member at a time.

Strong Minds Clinical Directors are an important part of the Healthy Athletes Strong Minds team. Clinical Directors are responsible for working with their local Special Olympics Program and other volunteer health professionals in coordinating a Strong Minds event in their region. Clinical Directors, in coordination with SOI and the local program will determine which areas of Strong Minds to offer and how, based on the local needs and resources available.

Potential volunteers may come from:

• Private Practitioners

• Universities/Colleges/Schools

• Health and Professional Associations

• Medical Facilities

• Government Medical Facilities (Military/VA/State/National/Local) and

• State or Local Public Health Agencies

**Strong Minds Clinical Director Background and Requirements:**

**• Certificate and current licensure as a Mental Health professional i.e., Licensed Psychologist, Licensed Social Worker, Licensed Counselor, Behavior Analyst, Nurse Practitioner, Physician.**

• A minimum three-year commitment to ensure quality and continuity of the Strong Minds

program.

Dear Strong Minds Clinical Director Candidate,

Thank you for expressing an interest in becoming a clinical director for the Special Olympics Strong Minds – Emotional Health program. As a Clinical Director you will join other mental health 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 Strong Minds, formal training will begin.

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

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

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

**If licensure number is not applicable in your country, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Include certifications/documentation of your qualifications in your CV.**

**Have you volunteered at a Strong Minds event?** ☐**Yes** ☐**No**

**Has the Strong Minds program been explained to you?** ☐**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 mental health services to people with Intellectual Disability (ID)?** ☐**Yes** ☐**No**

If yes, please describe.

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**Do you have experience providing mental health services to pediatric patients and their families?** ☐**Yes** ☐**No**

If yes, please describe**.**

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**Do you have experience in the delivery of local population-based mental health services?** Non-clinical interventions, i.e., support groups, recreation groups, etc.☐**Yes** ☐**No**

If yes, please describe.

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**Are you affiliated with, or do you have any local resources for mental health referrals?** ☐**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 Strong Minds 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 mental health 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.

**Strong Minds Overview video:** <https://www.dropbox.com/s/utgs3vwza9mvlej/20220804_SOI_Hype_Final_CTA1.mp4?dl=0>