



Program Update

November, 2006

Athletes Serving on Area Councils

A new accreditation requirement for 2007 is to have at least one athlete serve on each Area Council. Materials to help Areas and Locals make this initiative a success were sent to all Area and Local Coordinators.

Many Areas already have an athlete representative serving on their Council. Here are two examples of how Councils have successfully incorporated an athlete into their decision-making group.

Sherry Haunton is an athlete in Area 2. Sherry serves as Virginia Beach's Secretary. She types and distributes the minutes from Virginia Beach's monthly meetings. She also attends Area 2's monthly meetings where she reports Virginia Beach activities and reports back to the Virginia Beach Council about what happened at the Area 2 meeting. Sherry uses a tape recorder to help her accurately type the minutes and another council member works with her and provides assistance when needed.

Armand Acrie is an athlete representative on Newport News' Local Council. The athletes know that they can talk to Armand about issues and that he will relay their concerns to the Newport News and Area 22 Councils. Recently, Armand addressed the Area 22 Council concerning the athletes' disappointment that the Newport News School System cut bus transportation to Special Olympics practices on Saturdays. Although there is no immediate solution to this problem, Armand was able to raise an issue important to the athletes and tell the other athletes what to expect in the future.

These are two great examples of how athletes can be active members of Area and Local Councils. Please contact your Section Director if you need assistance in incorporating an Athlete Representative into your Area or Local Council.

Revised Combined Athlete Consent & Participate Form

We continue to get feedback on the format of this form and how to make it more user friendly. This revised document has Section A all on the second page for those athletes that only need to update Section A in order to remain eligible in the program. This will hopefully eliminate the problem of only part of Section A being completed and not being valid because it was not signed.

In order to get all of Section A on one page, Section B now comes after the consent form on page one. This page only needs to be given to new athletes entering the program or to athletes that are required to get a physical examination every three years.

The form is at the bottom of this document. You can also download the form as a PDF file from SOVA's website at www.specialolympicsva.org or you can request that the file be emailed or mailed to you by contacting your Section Director.

Class A Volunteers

In accordance with our implementation schedule (Attachment 1), all assistant and head coaches of sports offered at state championship events should be approved as Class A Volunteers. New volunteers must also be screened regardless of what sport they coach.

We continue to get questions from volunteers who do not wish to divulge their Social Security numbers. We must have a volunteer's Social Security number in order to perform a criminal background check. Because Special Olympics services a vulnerable population, our insurance company now requires that we perform criminal background checks on all volunteers who have regular contact with athletes. Our goal is to provide the safest environment possible for the athletes and volunteers.

We cannot use the background check results from other nonprofit or professional agencies because their criteria to volunteer or work may be different than SOVA's and they may not be performing the same type of background check. We do a nationwide criminal records check, nationwide sex offender registries check, and determine whether volunteers can transport athletes/volunteers based on their driving record.

Attachment 2 is SOVA's Privacy Statement, which explains how we use and protect personal information. Anyone who is unwilling to provide their Social Security Number cannot be a Class A Volunteer.

Statewide Volunteer Conference

A statewide volunteer conference will be held July 27 - 29 at Virginia Tech University in Blacksburg. The conference is appropriate for council members and coaches. Sessions for the new class of Global Messengers and their mentors plus athletes serving on councils and their mentors will also be held.

The registration fee will be \$20 for the weekend. Housing will be provided in air-conditioned dorm suites, dorm rooms or hotel style rooms and meals will be served in the University's dining hall.

Registration forms will be available in the spring. Please encourage volunteers in your program to attend! Contact Val Reinford at 800-932-4653 ext. 3036 or vreinford@specialolympicsva.org for more information or to suggest session topics.

Polar Plunge

The temperature is falling and it is time to start soliciting plungers and sponsors for the 2007 Polar Plunge on February 3. Area and local programs can earn 75% of the funds raised with the remaining 25% going towards event expenses. You must write your Area number and Local (if appropriate) as the first part of your team name in order to have the money you raise returned to your Area or Local program. You must raise a minimum of \$100 to plunge.

Area programs are encouraged to solicit plungers in their community prior to the plunge. However, please refrain from recruiting plungers during the plunge weekend. Such activity could jeopardize the continuation of this fundraising opportunity for Area and Local programs.

Plungers can set up online fundraising pages at www.firstgiving.com/sova for an easy and fun way to reach family and friends.

For more information and pledge sheets, visit the Polar Plunge website at www.polarplunge.com or contact Debbie Apperson at 877-874-7462 or dapperson@specialolympicsva.org. Also, contact Debbie if an athlete from your Area will plunge so that the athlete is included in the first group of plungers.

Athlete Prescriptions

Trying to keep track of athletes' medications while on a trip can be a challenge. One suggestion to make this process easier is to ask the athletes' parents to request two bottles for each medication when filling prescriptions. That way, parents can put the athletes' medication in an appropriate container that is labeled correctly.

Track and Field Event Categories

The track meet at Summer Games continues to grow larger and is becoming increasingly difficult to manage. In an effort to make the meet simpler both for the competition personnel and for Area volunteers, SOVA staff is considering dividing the events into categories.

Athletes would register for two events within a single category. The athletes in each category would all report at the same time to staging. The athletes would still be divisioned by age, gender and ability level. Each group would start at a different event and rotate to all of the events within their category. All the athletes in a category would then go to awards and receive their awards for both events. The athletes would then be done with their competition for the day.

Attachment 3 is a sample of how the events were divided into categories for World Games and National Games. Please contact Brooke Maloy at 800-932-4653 ext. 3029 or bmaloy@specialolympicsva.org if you have any comments regarding this proposed system and the grouping of events in each category.

Half Court Basketball

Don't forget that the half court competition at the 2007 Basketball Championships will be for traditional teams only. The full court competition will be for both unified and traditional teams. Unified and traditional teams will be placed in separate divisions, if possible, and will be awarded separately.

Basketball Events for Lower Skilled Athletes

Are there athletes in your Area that do not have the skill level to participate in the Basketball Individual Skills Contest? Would you like to see additional basketball events for lower skilled athletes? If you answered yes to either of these questions, please contact Brooke Maloy to discuss your needs and ideas.

Summer Games

The good news is that the dining hall is open for business and is much nicer. Additional serving areas should make for shorter lines and the food is excellent.

The bad news is that the University of Richmond's pool will still be closed for renovations. St. Catherine's is being considered as the swimming venue again this year, but availability is not yet confirmed.

Additional information about Summer Games will be forwarded as it becomes available.

Happy Holidays

On behalf of the entire SOVA staff, we wish you happy holidays and best wishes for 2007.

Thank you for all of your efforts on behalf of the athletes you serve. You make the world a brighter place by giving your time and talents to make the lives of others better.

Attachment 1

Volunteer Background Checks Implementation Schedule

2005

| | |
|----------------------|--|
| July 13 | Present new policy to SOVA staff |
| July 22 – 23 | Present new policy to Area/Local programs at Volunteer Conference |
| Beginning in August | Screen all new Class A volunteers that joined since 1/1/05 |
| August | Start screening all Area/Local Council members (over 500 volunteers) |
| September – November | Screen all equestrian, golf, soccer and volleyball coaches (156) |
| November – December | Screen all skiing and ice skating coaches (52) |

2006

| | |
|---------------------|--|
| January | Screen all skiing and ice skating coaches |
| January – March | Screen all full court and skills basketball coaches (200) |
| April – June | Screen all power lifting, softball, swimming, swimming skills and tennis coaches (144) |
| August | Start screening all unified partners (over 400 volunteers) |
| August – November | Screen all bowling, equestrian, roller skating and golf coaches (165) |
| November – December | Screen all bowling and gymnastics coaches (20) |

2007

| | |
|--------------------|---|
| January – March | Screen all half court basketball coaches (141) |
| April – June | Screen all track, bowling and wheelchair athletics coaches (232) |
| July – September | Screen all new Area/Local Council Members |
| Starting in August | Screen all unified partners and coaches of minor sports (MATP, bocce, cycling, floor hockey, Nordic skiing, sailing - 20) |
| October | Start screening all chaperons, overnight security personnel and overnight medical personnel registered for state games |

2008

| | |
|---------|-------------------|
| January | Fully operational |
|---------|-------------------|

Attachment 2

Special Olympics Virginia Volunteer Privacy Statement

A Guide to How We Use and Protect Volunteer Information

Protecting your privacy and safeguarding your personal information is one of Special Olympics Virginia's highest priorities. The following Privacy Statement explains how Special Olympics Virginia (SOVA) collects and protects your information, but shall not be construed as a contractual promise. We reserve the right to amend our Privacy Statement at any time without notice.

If you have any questions that this statement does not address, please contact Special Olympics Virginia at 800-932-4653 ext. 3036.

Why do we gather information?

Special Olympics Virginia collects information to insure a safe environment for all athletes and volunteers and to communicate with all volunteers.

What information do we collect?

The information we collect directly from volunteers includes information required to communicate with you, including your name, parent/guardian name if a minor, mailing address, telephone numbers, email address and group affiliation; to identify who you are, including Social Security number, birth date or age and gender; to determine your volunteer interests; and to safeguard your health if you are a unified partner.

We also collect background information to determine your suitability as a volunteer, including whether you use illegal drugs; if you were ever convicted of any criminal offense; if you were ever charged with neglect, abuse or assault; and if your driver's license was ever suspended or revoked.

In addition, for Class A Adult Volunteers we collect criminal history information from a vendor to determine eligibility status. For Class A Minor Volunteers we collect information from two references to determine eligibility status.

When do we obtain information?

You directly provide to us the majority of the information we collect. You do this by completing a Class A Adult, Class A Minor or Class B Volunteer Form when you first register as a SOVA volunteer. Class A Adult and Class A Minor Volunteers must complete a form every three years. Class B Volunteers must complete a form every year.

Criminal history background checks are conducted when a volunteer completes a Class A Adult Volunteer Form. A reference form is collected whenever a volunteer completes a Class A Minor Form.

How do we use your information?

Providing a safe environment for our athletes and volunteers is of utmost importance. The information you provide is only used by SOVA to communicate and to determine an individual's eligibility to serve as a SOVA volunteer.

What information does SOVA share internally?

Contact information such as name, address, phone numbers and email address are shared with SOVA staff and area/local programs for communication purposes. Personal information, including Social Security number and birth date, are limited to three SOVA staff members. Volunteer eligibility status is shared with SOVA staff and key area and local volunteers.

Do we share the information collected with any other third parties?

SOVA does not sell, license, lease or otherwise disclose your personal information to any third party for any reason, except as described below:

- To determine eligibility as a Class A Adult Volunteer, name, Social Security number and birth date are sent in an encrypted file to a vendor. The vendor uses this information to search a database of national sex offender registries, court records and motor vehicles records. Results with name, sometimes birth date and any records found are posted by the vendor on its password protected website.

Does our Privacy Statement apply to the sites to which we link?

No. We are not responsible for the privacy policies or the content of non-SOVA sites we link to and have no control of the use or protection of information provided by you or collected by those sites.

What steps do we take to protect our volunteers' personal information?

We use technology tools and office procedures to offer you a safe and secure environment and protect your personal information. While no security system is absolutely impenetrable, we are constantly reviewing, refining and upgrading our security technology, as new tools become available.

Can you opt out of sharing your personal information with third parties?

Not if you wish to serve as a Class A Volunteer. If you wish to be a Class A Volunteer you must provide your Social Security number and date of birth and undergo the background screening process in order to determine eligibility.

Will you be able to review, change or correct your information?

Yes. Personal identifying information may be reviewed, changed or corrected at any time. You are responsible for maintaining the accuracy and completeness of your personal and other information.

Effective 5/17/06

Attachment 3

Category Samples Used in the Last Two World Games and the 2006 National Games

Athletics

| Category | Events Selection |
|-----------------|--|
| Category 1 | 100m Wheelchair Race, 200m Wheelchair Race, 400m Wheelchair Race, Wheelchair Shotput, 50m Run, 50m Walk, 100m Walk, Softball Throw, Standing Long Jump |
| Category 2 | 400m Walk, 800m Walk, 1500m Walk, Shotput |
| Category 3 | 100m Run, 200m Run, 400m Run, Relays, Shotput, Long Jump, High Jump, |
| Category 4 | 400m Run, 800m Run, 1500m Run, Relays, Shotput, Long Jump, High Jump |
| Category 5 | 1500m Run, 3,000m Run, 5,000m Run, 10,000m Run, Long Jump, Relays |

INSTRUCTIONS

Athlete Name: _____

Area: _____

1. Each athlete must have the Official Special Olympics Release Form and the Application for Participation in Special Olympics Form on file with Special Olympics Virginia prior to participating. The Official Special Olympics Release Form must be signed by a *parent, legal guardian, or adult athlete*. The Release Form only needs to be completed one time and is good for as long as the athlete remains a participant in the program.
2. When completing this *NEW* Application for Participation in Special Olympics for the first time (SOVA began using this form on March 1, 2000), fill out all parts of this form; Section A, *Athlete Health Information* and Section B, *Medical Certification* completely.
3. Section A of this form must be updated and submitted once every three years in order for the athlete to maintain eligibility in the program. Section A can be completed by a parent, guardian, caseworker, teacher, etc. Section B must be completed every three years for athletes with Yes in Items 1-6 or the first time *New* is checked in Items 7-12. Please make sure the Down syndrome information, *Item 1, Section A*, is filled out completely. Athletes with Down syndrome need cervical spine x-rays in order to participate in certain sports. If an athlete has Down syndrome with Atlanto-axial Instability checked YES, the athlete will be restricted from sports requiring hyper-extension, radical flexion or direct pressure on the neck and upper spine. Athletes with Down syndrome who have not had x-rays or who leave the spaces under cervical spine x-rays or Atlanto-axial blank will also be restricted.
4. Section B, *Medical Certification*, must be completed by a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Licensed Nurse Practitioner (NP), or a Licensed Physician's Assistant (PA). Make sure that the examiner records the date on which the exam was given. Without a date, the form will be invalid. Please be sure the name, address, and telephone number of the person who provides the physical examination is clearly printed under the signature space in Section B (a stamped impression of this information is satisfactory).
5. Return the completed form to Special Olympics Virginia, P.O. Box 1970, Herndon, VA 22061 or return the form to your local Special Olympics representative.

Official Special Olympics Release Form

I represent and warrant that to the best of my knowledge and belief I am/my child is physically and mentally able to participate in Special Olympics. I also represent that a licensed examiner has reviewed the health information set forth in my/my child's application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude my/my child's participation. I understand that if I/my child has Down syndrome, I/he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-axial Instability" form or I/my child has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-axial Instability" form, I/my child must have a radiological examination before I/he/she can participate in equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and soccer.

Special Olympics has my permission (both during and anytime after) to use my/my child's likeness, name, voice, or words in either television, radio, film, newspapers, magazines and other media in any form for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If a medical emergency should arise during my/my child's participation in Special Olympics activities at a time when I am not personally able/present to be consulted regarding my/my child's care, I authorize Special Olympics to take whatever measures are necessary to protect my/my child's health and well-being, including, if necessary, hospitalization. I also give permission for the athlete named in this Release Form to participate in optional health education and screening activities such as dental, vision and hearing screenings.

I, the undersigned, have read and fully understand the provisions of the above release, and if I am an adult athlete someone has explained these provisions to me. By signing this release form I agree to the above provisions. If I am the parent/guardian of the athlete named on this form I am agreeing to the above provisions on my own behalf and on behalf of the athlete named on this application. If I am a witness for an adult athlete I certify that I have reviewed this release with the athlete and am satisfied that the athlete understands this release and has agreed to its terms.

Signature of Athlete: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____
 Signature of Witness for Adult Athlete: _____ Date: _____

IMPORTANT: If there is any significant change in the athlete's health, the athlete's condition should be reviewed by a licensed examiner before further participation. A physical examination performed by a licensed examiner is required for initial participation. A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6 on the Athlete Health Information. An exam is required the first time NP (New Problem) is checked in items 7-12 on the Athlete Health Information.

Application: Section B ~ Medical Certification

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: equestrian, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, squat lift and soccer.

I have reviewed the athlete's medical history and examined the athlete named in the application and certify there is no medical evidence available to me which would preclude the athlete's participation in Special Olympics.

Restrictions _____
 Examiner's Signature _____
 Examiner's Name _____ Date _____
 Examiner's Address _____

 Phone _____

PLEASE PRINT CLEARLY

Athlete Information:

PLEASE PRINT CLEARLY

Area: _____

Athlete Name: _____
 Address: _____
 City/State/Zip: _____
 E-mail Address: _____

Gender: M F
 Date of Birth (month/day/year) ____/____/____
 Home Phone: _____
 Cell / Work Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____
 Address (if different than athlete):

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Emergency Contact Information: (other than parent/guardian): _____

Home Phone: _____ Cell / Work Phone: _____

1) (mental retardation) or closely related developmental disability?

Yes No

Yes No

2) Was the athlete ever charged or convicted of a crime?

Yes No

Explain YES answer:

Explain YES answer and indicate date, location and nature of offense:

- | | | | |
|--|--|---|--|
| Have cervical spine (neck bone) x-rays ever been done? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Uses a wheelchair | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Atlanto-Axial Instability | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Allergy to the following (list specific) Medicine _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chest Pain or Fainting Spells | <input type="checkbox"/> Yes <input type="checkbox"/> No | Foods _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Seizures/ Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insect Sting/Bite _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Special diet _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Heart Disease/ Heart Defect/ High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Exercise induced wheezing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Parent/ Sibling (under 40) died of heart disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Tendency to bleed easily | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Absence of vision/ blind in one eye | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 19. Emotional/ psychiatric/ behavioral problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Absence of one kidney or testicle | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 20. Serious bone or joint disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Concussion or serious head injury | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 21. Sickle cell trait or disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Major surgery or serious illness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 22. Hearing aid/ hearing loss | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Heat stroke/ exhaustion | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 23. Contact lenses/ eyeglasses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Other problem that would interfere with sports participation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NP | 24. Dentures/ false teeth | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 25. Immunizations (shots) are up-to-date | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 26. Date of last tetanus shot ____/____/____ | |

List: _____

A physical examination performed by a licensed examiner is required every 3 years for athletes with YES in items 1-6. An exam is required the first time NP (New Problem) is checked in items 7-12.

Comments: _____

| Medication Update * Attach additional sheet if needed. | Medication Name | Amount (eg. 250 mg) | Date Prescribed | Amount Taken (Dosage and instructions, ex. 250 mg 2 X per day with food) |
|---|-----------------|---------------------|-----------------|--|
| | | | | |
| | | | | |
| | | | | |

Phone: _____

Signature of Person Completing Section A: _____

Relationship to athlete: _____ Date: _____