

Class A Process

a step-by-step guide

- 

1 **Class A Form**
complete the appropriate form, adult(18+) or minor
- 

2 **COVID Waiver**
don't forget to sign and date
- 

3 **Background Check**
visit Sterling Volunteers and complete yours
- 

4 **Trainings**
visit the SO Learning Portal to complete Protective Behaviors (mandatory for 18+) & Concussion Awareness (for Coaches) ***paper versions included in this kit**
- 

5 **Connect**
Let us help connect you with leadership in your area to get started!

Volunteer Application Form - Class A Adult (18+)

Email: volunteer@specialolympicsva.org; Fax: (804) 346-9633

Mail: Special Olympics VA, 3212 Skipwith Rd, Suite 100, Richmond, VA 23294

Special Olympics
Virginia



Full First Name: _____

Address: _____

Full Middle Name: _____

City: _____ State: _____ Zip: _____

Last Name: _____

Cell Phone: (_____) _____

Preferred Name: _____

Home/Other Phone: (_____) _____

Birth Month: _____ Birth Year: _____

E-mail: _____

Area Program (if known): _____ Organization: _____

Gender: Female Male Other Gender Identity

Race/Ethnicity (Optional)

American Indian/Alaskan Native

Asian American

Prefer not to answer

Black or African American

Native Hawaiian or Other Pacific Islander

More than one race

White or Caucasian

Hispanic or Latinx

Do you use illegal drugs?

Yes

No

Have you ever been charged and/or convicted of any criminal offense?

Yes

No

Have you ever been charged and/or convicted of neglect, abuse, or assault?

Yes

No

Has your driver's license ever been suspended or revoked?

Yes

No

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.

2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.

3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.

5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.

6. **Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").

• I agree and consent to Special Olympics:

◦ using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.

◦ using my personal information for communicating with me about Special Olympics.

◦ sharing my personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.

• I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.

• **Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Virginia Volunteer Privacy Policy here <https://www.specialolympicsva.org/get-involved/volunteer-privacy-statement>.

8. **Background Check Authorization.** (applies to adults only) I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.

9. **Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

I HAVE READ AND UNDERSTAND THIS FORM. IF I HAVE ANY QUESTIONS, I WILL ASK. BY SIGNING, I AGREE TO THIS FORM.

SIGNATURE _____

DATE _____

Please make sure to visit the **Class A Volunteer page of our website** to complete step 2 (background check) and step 3 (Protective Behaviors training). Please make sure you fill out the entire COVID Waiver form (2 additional pages) that are attached to this release form. Coaches must also complete the Concussion training.

Revised May 2021

Volunteer Application Form - Class A Minor (Under 18)

Special Olympics
Virginia



Email: volunteer@specialolympicsva.org; Fax: (804) 346-9633

Mail: Special Olympics VA, 3212 Skipwith Rd, Suite 100, Richmond, VA 23294

Name: _____

Cell Phone: _____

Email: _____

Birth Month: _____ Birth Year: _____ Area Program _____

Gender Female Male Other Gender Identity

Race/Ethnicity (Optional)

American Indian/Alaskan Native

Black or African American

White or Caucasian

Asian American

Native Hawaiian or Other Pacific Islander

Hispanic or Latinx

Prefer not to answer

More than one race

Address: _____

City: _____ State: _____ Zip: _____

Parent Name _____

Parent's Cell Phone (_____) _____

Parent E-mail: _____

I agree to the following:

- 1. Ability to Participate.** I am physically able to take part in Special Olympics activities.
- 2. Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees and Special Olympics accredited Programs (collectively "Special Olympics") and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners' and sponsors' support for Special Olympics.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
- 4. Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
- 5. Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
- 6. Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- 7. Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using my personal information for communicating with me about Special Olympics.
 - sharing my personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Virginia Volunteer Privacy Policy here <https://www.specialolympicsva.org/get-involved/volunteer-privacy-statement>.
- 8. Background Check Authorization.** (applies to adults only) I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
- 9. Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I release and agree not to sue any Special Olympics organization, its directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

I HAVE READ AND UNDERSTAND THIS FORM. IF I HAVE ANY QUESTIONS, I WILL ASK. BY SIGNING, I AGREE TO THIS FORM.

Volunteer/Unified Partner Signature _____ DATE _____

Parent/Guardian Signature (required for participant who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf of the participant.

Parent/Guardian Signature _____ DATE _____

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
SPECIAL OLYMPICS VIRGINIA**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Virginia their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date signed: _____

Requesting your Background Check

Sterling
Volunteers

Special Olympics
Virginia



Step 1: Register at Sterling Volunteers



A screenshot of the Sterling Volunteers website's registration page. The page has a white background with a navigation bar at the top containing links for Home, Settings, Resource Hub, and Logout. Below the navigation bar is a large photograph of a diverse group of smiling volunteers. The main content area is split into two columns. The left column is titled "Ordering a Volunteer Background Check" and contains introductory text. The right column is titled "Register and Start Your Order" and contains a registration form with fields for Username, Email, Password, and Confirm New Password. Below the form are checkboxes for security questions and privacy policy, and a red "Submit" button. A red arrow points from the text "Create a username and password" on the right towards the Username and Password fields in the form.

**Create a
username
and
password**

Step 2: Enter the Good Deed Code



app.verifiedvolunteers.com/en/Mains/OrderPage

NEW! Verified Volunteers is now Sterling Volunteers. [Learn More](#)

Sterling
Volunteers

My Profile About Blog Contact FAQ Logout **Get Verified** English

Begin Your Background Check

Please Read the Directions Carefully

1. If you received a Good Deed Code from your organization, please enter your code below to get started.
2. If you didn't receive a Good Deed Code, please follow the screening link on your organization's website or within the email invitation you may have received.
3. Don't have a good deed code or screening link? Please click on the chat bubble in the lower right corner of this page or fill out this information on the right.

Don't have a Good Deed Code or Screening Link?
Please click on the chat bubble below or fill out this information and our customer service team will contact you shortly.

Full Name
Full Name*

E-Mail Address
E-Mail Address*

Phone Number
Phone Number*

Affiliated Organization
(The Organization that asked you to order your background check)
Organization*

Need help locating a Good Deed Code? Click the bubble below and I'd be happy to help!

Home | Privacy Policy | Terms Of Use | Phone: 855-326-1860, Option 3 | Email: TheAdvocates@sterlingvolunteers.com

11:12 A

**Enter the
Good Deed
Code for
Special
Olympics
Virginia**

un9a213

Step 3: Enter your information





app.verifiedvolunteers.com/en/Mains/OrderPage

Apps Building Engines, In... UPS Home | Special Oly... SOVA-Website Ad... Administration Are... SOVA-DB Classy | Special Oly... Log in - Verified Vol...

Begin Your Background Check


Special Olympics Virginia, Inc. requires you to have a background check.




A  **Advanced Criminal Locator Check** will be conducted on you.
[Learn More](#)
Cost of Background Check: \$10.00
Special Olympics Virginia, Inc. Will Pay: \$18.00

In areas where administrative courts charge Sterling Volunteers fees for access to information, the fees will be passed along and the amount will be reflected in the total cost during Step 4 of the order process.

Step 1 of 4
This short process should take you between 2-3 minutes to enter your information so we can get your order submitted.

**WITH STERLING VOLUNTEERS, YOUR INFORMATION IS SECURE**
[Learn more >](#)

* denotes required information

 Below, you will be asked to enter your name. When doing so, please make sure to:

- Enter your first, middle, and last name separately
- Enter your current legal name only. Nicknames or shortened names may cause errors and delays when processing your background check.


YOUR FIRST NAME [Learn More](#)
First Name*


YOUR MIDDLE NAME
Middle Name*
 I don't have a middle name

YOUR LAST NAME [Learn More](#)
Last Name*

Your Suffix
Suffix*

YOUR DATE OF BIRTH
Month* Day* Year*

YOUR SOCIAL SECURITY NUMBER 
SSN* XX* XXX*


**WITH STERLING VOLUNTEERS, YOUR INFORMATION IS SECURE**
[Learn more >](#)

No SSN

GENDER
Gender*

CONTACT INFORMATION
Phone Number* madercom@gmail.com

CONTINUE



Need help locating a Good Deed Code? Click the bubble below and I'd be happy to help!

11:13 A

Step 4: Enter your address history



app.verificorvolunteers.com/ory/main/verifypage

Apps Building Engines, Inc... UPS Home | Special Cly... SOVA-Website Ad... Administration Aw... SOVA-DB Clwy | Special Cly... Log in - Verified Vol...

NEW! Verified Volunteers is now Sterling Volunteers. [Learn More](#)

Sterling
Volunteers

My Profile About Blog Contact FAQ Logout [Get Verified](#) English

Begin Your Background Check

Your Current Address

Address Line 1*

Address Line 2

City*

State* United States

Zip Code*

How long have you lived at this address?

From* mm/yyyy Present

Step 2 of 4
OK, you're on to Step 2. Please continue to enter the information requested, then select Save & Continue

WITH STERLING VOLUNTEERS, YOUR INFORMATION IS SECURE
[Learn More](#)

Home | Privacy Policy | Terms Of Use | Phone: 855-525-1880, Option 3 | Email: TheAddress@sterlingvolunteers.com
© Copyright 2019 Sterling Volunteers - All Rights Reserved | Top

Need help finding a Good Deed Code? Click the bubble below and I'll be happy to help!

11:15 AM

Step 5: Consent Agreement



app.veritecvolunteers.com/en/mains/OrderPage

Apps Building Engines, In... UPS Home | Special Oly... SOVA-Website Ad... Administration Are... SOVA-DB Classy | Special Oly... Log in - Verified Vol...

Volunteers

My Profile About Blog Contact FAQ Logout **Get Verified** English

Begin Your Background Check

You, as a consumer, have a number of rights when it comes to your personal information and your background check report. Special Olympics Virginia, Inc. is required by law to provide you with information regarding those rights and to gain your consent for a background check before allowing you to continue with your order. Please review and sign, by checking the boxes, to indicate your consent to begin the background check process and to acknowledge your rights under the Federal and applicable State Fair Credit Reporting Act(s).

Step 3 of 4
You're almost there! Please review the information to the left and acknowledge where prompted to continue with your background check order.

[Print Consent and Rights](#)

WITH STERLING VOLUNTEERS, YOUR INFORMATION IS SECURE
[Learn more](#)

Consent to Use of Electronic Records and Signatures

You have the opportunity to complete and sign documents, as well as receive notices and other documents related to your application and background check, in electronic rather than paper form. To agree to these uses of electronic documents and signatures, and to sign this document with the same effect as physically signing your name, click the "Sign" button at the bottom of this page after reviewing the information below.

In order to sign, complete and receive documents electronically you will need the following:

- I acknowledge receipt of the preceding Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and "Security Freeze Notice"
- I have read the Disclosure Regarding the Employment and/or Volunteerism/Non-Employee Position Background Report provided by Sterling Volunteers and this Authorization to Obtain Employment and/or Volunteerism/Non-Employee Position Background Report. By my signature below, I hereby consent to the preparation by Sterling Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, 855-326-1860, Option 3, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to any organization I authorize and its designated representatives, to assist the organization in making an employment and/or volunteerism/non-employee position decision involving me at any time after receipt of this authorization and throughout my employment and/or volunteerism/non-employee position, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Sterling Volunteers and/or the organization itself, and authorize Sterling Volunteers to provide such information to the organization. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.
- I understand that by typing my name where indicated below, I consent to the use of electronic records and signatures in the manner described above, and the electronic storage of such documents.

Your First Name
First Name*

Your Last Name
Last Name*

Back CONTINUE

Need help locating a Good Deed Code? Click the bubble below and I'd be happy to help!

11:16 AM

Step 6: Submit your order



Apps Building Engines, In... UPS Home | Special Oly... SOVA-Website Ad... Administration Are... SOVA-DB Classy | Special Oly... Log in - Verified Vol...

NEW! verified Volunteers & now Sterling Volunteers. [Learn More](#)

Sterling
Volunteers

My Profile About Blog Contact FAQ Logout [Get Verified](#) English

Begin Your Background Check

Confirm your personal information is correct

The information above is correct. [Learn More](#) [Go Back & Edit](#)

Step 4 of 4
Last step! Please review your personal information carefully and then provide payment information as necessary.

WITH STERLING VOLUNTEERS, YOUR INFORMATION IS SECURE

Help Special Olympics Virginia, Inc. Pay for your Volunteer Background Check

The cost to Special Olympics Virginia, Inc. for your volunteer background check is \$10.00. If you are able to help defray the cost to the agency at this time, please consider a contribution.

And, by the way, any cost paid by you may be tax deductible! Please check with your tax advisor.

I will pay \$ to cover Special Olympics Virginia, Inc.'s cost of the order.

Not at this time.

Sign up for the Fast-Pass

Yes! I would like to purchase the Fast Pass for \$3.99.

No thank you.

- What's a Fast Pass?
- Who can I share my Fast-Pass with? Take a peek!
- Attention Hurricane Harvey Volunteers

[View Order Details](#) [Purchase](#)

Your Background Check Order # 3398198

Level 2: Advanced Criminal History Record Locator Search Price: \$10.00

ORDER SUMMARY	
Total cost of Background Check	\$10.00
Amount Paid by Special Olympics Virginia, Inc. (50% Off)	\$5.00
Donation	\$0.00
<hr/>	
Sub-Total	\$0.00
Tax	\$0.00
<hr/>	
Amount paid by me	\$0.00

[Submit Order](#)

Need help locating a Good Deed Code? Click the bubble below and I'd be happy to help!

11:18 A

Protective Behaviors Training Program

Special Olympics



Welcome to the Special Olympics training program for Protective Behaviors. Thank you for being a part of the Special Olympics family. It is through the caring, concern and talents of all our athletes, families and volunteers that Special Olympics has become one of the most respected sports programs in the world. Your participation in the Protective Behaviors Training Program is just one more way that you demonstrate your dedication.

The main objective of this presentation is the prevention of sexual abuse of Special Olympics athletes. It will also briefly address physical and emotional abuse.

When you reach the last page of the training, you will see a 10 question **final quiz**. After you take the quiz, please give it to your Special Olympics supervisor to check the answers and to forward to the Special Olympics Virginia state office in Richmond. You can also mail **only the final quiz** directly to:

Special Olympics Virginia
ATTN: Director of Volunteer Services
3212 Skipwith Rd., Suite 100
Richmond, VA 23294

If you have Internet access, the Protective Behaviors Training can also be completed online at www.specialolympics.org/protectivebehaviors. After completing the 10 question quiz online, an email confirmation verifying that you passed the test at the end will automatically be sent to you and to our Director of Volunteer Services in Richmond.



Actions Special Olympics has Taken to Protect Athletes:

- This protective behavior training.
- Volunteer screening requirements in the US.
- Codes of conduct for athletes and coaches.
- Policy prohibiting volunteers or staff in authority positions from dating athletes.

Special Olympics US Volunteer Screening Policy

- The foremost goal of the volunteer screening policy is to protect the safety and well-being of athletes.
- Special Olympics screens prospective Class A volunteers.
- Class A volunteers are re-screened every three years.
- If screening reveals criminal history involving certain offenses, the volunteer is prohibited from participation.

Who is a Class A Volunteer?

Definition:

- Volunteers who have regular, close, physical contact with athletes.
- Volunteers in a position of authority or supervision with athletes.
- Volunteers in a position of trust of athletes.
- Volunteers who handle substantial amounts of cash or other assets of the Program.

Examples:

- Coaches, Unified Partners, chaperones, overnight hosts, ALPs mentors, drivers of athletes.
- May also include fundraising event committee members, board members, and games management team members.

Benefits and Limitations of the Volunteer Screening Policy

- Volunteer screening is a tool Special Olympics uses to help protect athletes, but it is not fool-proof.
- Many predators do not have criminal records.
- Your job as a volunteer is to be vigilant and report any behavior or activity that does not appear appropriate based on:
 - your personal experience or
 - warning signs identified in this presentation.

Codes of conduct

Codes of conduct are in effect and enforced for athletes, coaches and volunteers.

- All Special Olympics programs are required to have a code of conduct for athletes and coaches. The codes list the minimum standards set by Special Olympics. Please check with your local Special Olympics program to receive a copy of these codes of conduct.
- Each program is responsible for establishing guidelines for sanctions related to breach of these codes of conduct.
- Included in the codes of conduct are references to the prohibition of volunteers or staff in authority positions dating athletes.



Prevention:

Recognizing Sexual Predators

A sexual predator could be anyone. There is no “look” or behavior pattern that sets them apart.

Sexual Predators:

- Target vulnerable populations (such as children and individuals with intellectual disabilities).
- Come from all backgrounds.
- Can be male or female.
- Are generally very likeable and have warm personalities.
- May have limited relationships with other adults.

Remind athletes and families that not everyone who comes to a Special Olympics event is a volunteer who has been screened and is assumed to be “safe.”

Sexual Abuse

- For athletes requiring assistance with changing, toileting or showering, it is a best practice if two volunteers are present.
- Private conversations with athletes should be within sight of others who are aware of the conversation.
- Hugs should respect both athlete and volunteer limits and never be secretive.
- Touching should avoid areas a traditional swimsuit would cover.
- Be aware of unusual or inappropriate gifts, trips, affection or attention from a volunteer.
- Be aware of relationships between volunteers and athletes that become private or secretive.
- Be clear and direct about pointing out inappropriate behavior.

Inappropriate Behavior

Inappropriate gifts, trips, outings, or other gestures of affection from a volunteer include:

- Invitations for sleepovers at a volunteer's house.
- Invitations to parties at a volunteer's house where parents or care providers are not included.
- Excessive displays of interest in a particular athlete or group of athletes (such as all male athletes or only athletes under the age of 13).

Tips for Travel

- Be sure to separate sleeping rooms by gender.
- Try to assign roommates based on similar age, maturity and size.
- Establish a plan for checking on each room/athlete.
- Clearly explain rules and behavior expectations of both chaperones and athletes before each trip.

Emotional Abuse

- Profanity is never allowed.
- Treat athletes with respect and provide encouragement.
- Do not allow demeaning nicknames even among teammates.
- Discipline should be part of a meaningful behavior modification strategy and never acted on in anger.

Physical Abuse

- Corporal punishment is never allowed no matter who says it is OK.
- Withholding food or water is maltreatment and strictly prohibited.
- Only give prescribed medications in accordance with state regulations (consult your Special Olympics Program office for those regulations).
- Be aware of athlete sensitivity to temperature, sound and touch.



Prevention of Abuse Pre-Quiz

Using the information that has been presented so far, select the most appropriate answer to the questions below.

1. When is it appropriate to withhold water from an athlete?
 - Only when the athlete is unprepared or uncooperative
 - Never
 - When the weather is cool and water isn't really needed
 - When the athlete is underachieving and could use a "water break" as motivation
2. What is the rule about what areas of the body to avoid touching?
 - Avoid all areas; don't make yourself vulnerable to an accusation!
 - Avoid areas where he/she doesn't like to be touched
 - Set some groundrules early on, so you know where your athlete is okay with being touched
 - Avoid areas a traditional swimsuit would cover
3. A sexual predator:
 - Can be male or female
 - Is generally likeable
 - Gives inappropriate attention to a vulnerable population
 - All of the above



How to Recognize Abuse

Changes in behavior may offer the only visible clue that an athlete is the victim of abuse. Abuse causes stress and victims often exhibit stress related behavior such as:

- Depression
 - Withdrawal (including loss of interest in participation in Special Olympics)
 - Thoughts of or attempts at suicide
 - Aggression
 - Immature acts
 - Sleep disturbances
- Uncharacteristic changes in behavior that last for more than a few days indicate a possible need for intervention, but are not a certain indicator of abuse as there are other causes of stress. The absence of behavioral indicators does not indicate a lack of abuse.
 - Statements by the athlete concerning inappropriate touching or physical harm.

Physical indicators of abuse:

- Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body.
- Bruises change color during the healing process and bruises of different colors indicate different stages of healing, thereby indicating that the injuries happened on more than one occasion.
- Injuries to genital areas may indicate sexual abuse; for example, cigarette burns on the inside of the upper leg or on the buttocks.
- Tether marks or rope burns and abrasions caused by tying wrists, ankles or the neck are also indicators of probable abuse.

Some athletes are prone to injuries as a consequence of athletic competition. The location of the injury may indicate whether the injury was due to abuse or competition. Injuries that happen due to athletic competition are most likely to be on the shins, knees, elbows, etc. They are less likely to be on the abdomen, across the back, on the backs of the legs, or on facial cheeks.

Possible signs of neglect include:

- Unattended medical needs
- Inappropriate clothing for the climate and weather conditions
- Chronic hunger and poor personal hygiene



Reporting Suspicious Activity

- Suspicious activity should be reported to Special Olympics staff.
- Reports will be reviewed and reported as appropriate.
- Suspensions may be utilized during investigations.
- Special Olympics reserves the right to expel athletes or volunteers as a result of suspected or confirmed physical, sexual or emotional abuse of a Special Olympics athlete.

Be ready to say...

- What makes you think this activity is suspicious.
- When you witnessed the activity or first suspected it.

Who to tell...

- If the activity is during Special Olympics functions, tell local Special Olympics leadership (preferably staff).
- If you suspect that an athlete is in immediate danger, notify the police, and then Special Olympics staff.
- If you are a mandatory reporter under your state's laws, report as required by statute in addition to the report you file with Special Olympics.
- Reporting is NOT the same as accusing. It just alerts professionals to investigate.

Am I A Mandatory Reporter Under My State's Laws?

Nearly all states have laws that require some individuals to report suspected abuse (such as teachers, healthcare providers, etc.). In some states, everyone is a mandatory reporter. Utilize the website below to familiarize yourself with your state's reporting requirements (choose the state that you wish to check and "Mandatory Reporters of Child Abuse & Neglect" and the click "go").
http://www.childwelfare.gov/systemwide/laws_policies/state/

Virginia's state statutes are provided on the following page.



State Statutes Results Virginia

Child Abuse and Neglect

Mandatory Reporters of Child Abuse and Neglect

Professionals Required to Report--Citation: § 63.2-1509

- Persons licensed to practice medicine or any of the healing arts, hospital residents or interns, nurses, or duly accredited Christian Science practitioners.
- Teachers or other persons employed in public or private schools, kindergartens, or nursery schools; persons providing childcare full-time or part-time for pay on a regularly planned basis.
- Social workers, mental health professionals, or any person responsible for the care, custody, and control of children.
- Probation officers, law enforcement officers, mediators, or court-appointed special advocates

Reporting by Other Persons--Citation: § 63.2-1510

Any person who suspects that a child is abused or neglected may report.

Standards for Making a Report--Citation: § 63.2-1509

When, in their professional or official capacity, they have reason to suspect that a child is abused or neglected.

Privileged Communications--Citation: § 63.2-1519

The physician-patient or husband-wife privilege is not permitted.

Inclusion of Reporter's Name in Report--Not addressed in statutes reviewed.

Disclosure of Reporter Identity--Not addressed in statutes reviewed.



Protective Behaviors Final Quiz

Volunteer Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: (_____) _____ **Area/Local:** _____

Instructions: Please take the following quiz to test your knowledge of protective behaviors. Give **only** your completed **final quiz** to your Special Olympics supervisor or mail it to:

Special Olympics Virginia, ATTN: Director of Volunteer Services
3212 Skipwith Rd., Suite 100
Richmond, VA 23294

Your answers will be reviewed. You will be contacted if you give any incorrect answers.

1. Who determines the punishment for violating a Special Olympics Code of Conduct?

- The Program
- The coach
- Any Special Olympics staff member in a position of authority
- Society

2. Which of the following is NOT an indicator of potential inappropriate behavior?

- Unusual or inappropriate gifts from a volunteer
- Questionable injuries such as bruises or lacerations in the soft tissue areas of an athlete's body
- Two Class A volunteers assisting with changing, showering or toileting
- Relationships between volunteers and athletes that become private or secretive

3. Have you checked to see if you are a mandatory reporter in your State?

- Yes
- No



4. When is it appropriate to withhold water from an athlete?

- Only when the athlete is unprepared or uncooperative
- Never
- When the weather is cool and water isn't really needed
- When the athlete is underachieving and could use a "water break" as motivation

5. What is the rule about what areas of the body to avoid touching?

- Avoid all areas; don't make yourself vulnerable to an accusation!
- Avoid areas where he/she doesn't like to be touched
- Set some ground rules early on, so you know where your athlete is okay with being touched
- Avoid areas a traditional swimsuit would cover

6. What should you do if you suspect that an athlete is in immediate danger?

- Ask the athlete if he/she has been abused
- Notify the police, and then Special Olympics staff
- Tell the coach or volunteer to take it easy on the athlete
- Notify the athlete's parents

7. When is a private meeting with an athlete appropriate?

- When the athlete is misbehaving and needs to be reprimanded
- When you have something personal to tell the athlete and you want to be out of earshot of his/her teammates
- When it is within sight of others who are aware of the conversation
- A private meeting with an athlete is never appropriate



8. When assigning rooms for an overnight stay, what should you consider?

- What's to consider? Go through your list and group the athletes alphabetically by last name
- Try to put athletes who are friends together
- Athletes of the same community oftentimes prefer to room together
- Separate sleeping rooms by gender and assign roommates based on similar age, maturity and size

9. Is it permissible for a volunteer in an authority position over an athlete to date that athlete?

- Yes
- No
- Depends on the circumstances

10. Is a Unified Partner subject to volunteer screening policies in the US?

- Yes
- No

⇒ **By signing below, I certify that I have read and understand the Protective Behaviors Training, and that I have completed the final quiz above to the best of my knowledge.**

Signature: _____ **Date:** _____



**HEADS UP
COACHES**

HEADS UP Concussion in Youth Sports Online Training Transcript

INTRODUCTION

Each day in our nation, hundreds of thousands of young athletes head out to the fields, ice and gymnasiums to practice and compete in a wide variety of sports. There's no doubt that these sports are a great way for kids and teens to stay healthy, as well as learn important leadership and team-building skills. But medical researchers have discovered young athletes, especially kids and teens, often don't recognize their own limitations; especially when they have a concussion. Youth concussion can have long-term impacts on young athletes such as their health, memory, learning and even their survival. This has led to a new effort to improve prevention, recognition and response to sports-related concussion. That's where you come in. It's your responsibility, as a coach, to help recognize and make the call to pull an athlete off the field, ice, or court if you think that player might have a concussion. The purpose of this training module is to help you better understand the impact of concussion, as well as how to recognize it in your players.

“ It's absolutely essential that we have education for coaches so that if they recognize any of these symptoms, they can immediately remove the youth from competition. ”

LESSON 1

A concussion is a type of traumatic brain injury - or TBI - caused by a bump, blow, or jolt to the head or by a hit to the body that causes your head and brain to move rapidly back and forth. This sudden movement can literally cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells. What you might not know is that these chemical changes make the brain more sensitive to any increased stress or injury until it fully recovers.

Unlike a broken arm, or other injuries that you can feel with your hands or see on an x-ray, you can't see a concussion. It is a disruption of how the brain works. It is not a 'bruise to the brain.' That is why brain CAT scans and MRIs are normal with most concussions.

There are many potential causes of concussions, including: a knock to the head from a fall; a jolt to the torso from a collision; a hit to the head from a stick or ball. A concussion can occur from any type of contact such as colliding with a player, a goalpost, the ground, or another obstacle. Concussions can also occur outside of sports, ranging from bumping your head on a door to being in a car crash.

“ Everything above the neck, essentially above the clavicles, the neck and the head, if there are injury symptoms referable to the cervical spine, referable to the brain, it is absolutely not safe to continue the athletic contest. ”

Concussions affect people differently. While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Not giving the brain enough recovery time can be dangerous. A repeat concussion during recovery - usually within hours, days, or weeks - can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal. While rare, permanent brain damage and death are two potential consequences of not identifying and responding to a concussion in a proper or timely manner. That's why it is incredibly important for you to pull an athlete you suspect has a concussion from play.

“ You can lose a child by being inattentive, by not getting a rapid attention to the disorder. ”

DID YOU KNOW?

Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.



LESSON 2

As a coach, you're the first defense, ready to jump in to help if something seems off, even when an athlete doesn't know it or want to admit it. Remember, you can't see a concussion like you can see a broken arm and there's no one single indicator for concussion. Instead, recognizing a concussion requires watching for different types of signs or symptoms.

To help recognize a concussion, you should watch for and ask others to report the following two things among your athletes. One, a forceful bump, blow or jolt to the head or body that results in rapid movement of the head, and two, any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can't recall coming to the game. So assess the player; then assess the player again. Make sure that the athlete is supervised for at least one or two hours after you suspect the concussion. Also, talk to the athlete's parents right away about watching for symptoms at home and when the athlete returns to school.

“ The issue of concussions in youth sports is important because you're talking about a potential threat to the development of that youngster's brain. And certainly their brain is what is going to drive their development, their livelihood, their learning, their social interaction, and all those things are

critically important. Anything that potentially affects that in a negative way has to be fully reckoned with and dealt with. ”

The key is to keep a list of concussion signs and symptoms on hand to use while repeatedly checking on your athlete with a suspected concussion. You can download CDC's HEADS UP app or materials with concussion signs and symptoms so you have it with you at all games and practices.

If the signs or symptoms get worse, you need to consider it a medical emergency. In rare concussion cases, a dangerous blood clot may form on the brain and squeeze the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body, the athlete exhibits one or more of the following **danger signs**:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Inability to recognize people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

LESSON 3

Pulling someone out of the middle of a practice, game, or event is never an easy thing, especially if an athlete tells you that nothing is wrong. But we know that your top priority is keeping your athletes safe and preparing them for the future - both on and off the field.

“ First responsibility of any coach is the physical and emotional well-being of the student athletes. Today, you’ve gotta learn to get yourself out of the game, and then as a coach, you’ve gotta be able to see when you’re putting a player at risk, and you gotta get that person out. ”

“ And equally important for parents to be aware of these symptoms as well. Both from the standpoint of understanding why somebody needs to come out of the contest, but also because the parents are with the athletes more than the athletic trainers, especially nights and weekends. ”

That’s why we encourage you to follow these steps, which are part of CDC’s HEADS UP action plan:

STEP ONE:

Remove the athlete from play. When in doubt, sit them out!

STEP TWO:

Keep an athlete with a possible concussion out of play the same day of the

injury and until cleared by a health care provider. Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider.

As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness and if so, for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions

STEP THREE:

Inform the athlete’s parent(s) about the possible concussion. Let them know about the possible concussion and give them the HEADS UP Fact Sheet For Parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

STEP FOUR:

Ask for written instructions from the athlete’s health care provider on return to play. These instructions should include

information about when they can return to play and what steps you should take to help them safely return to play.

Sometimes people believe that it shows strength and courage to play when you're injured. Not only is that belief wrong, it can put a young athlete at risk. Don't let others - fans, parents, or teammates - pressure you or the injured athlete to continue playing. As you've probably experienced, some athletes may try telling you that he or she is "just fine" or that he or she can "tough it out." Tell them that taking a timeout is not a sign of weakness, and that playing with a concussion is dangerous. Don't shy away from sharing this information with parents and other team supporters, either.

“ But, what we have to learn now is how to distinguish between pain and injury, and we gotta teach that to the players. But more importantly, I think, because they are tough, because they will continue to go when they're in pain, we've gotta learn to see all of the symptoms, especially when it comes to something as serious as head trauma, to get them off the field with much greater frequency. And I think it may interrupt the games, and I think that'd be a good thing.”



LESSON 4

Resting after a concussion is critical because it helps the brain recover. Remember those brain cells we talked about earlier that aren't working properly? Well, they need the body's energy to heal. So, if an athlete with a concussion spends that energy exercising, trying to score a goal, or doing other recreational activities, that means there's less energy available to help the brain repair itself. That's why ignoring concussion symptoms and trying to 'tough it out' often makes symptoms worse and can make recovery take longer, sometimes for months. Even activities that involve learning and concentration, such as studying, working on the computer, or playing video games can cause concussion symptoms to reappear or get worse.

“ We see kids that just really struggle because they're trying to get their work done, they're staying up late to do their homework, they're having trouble sleeping as well. And all that snowballs, and results in their recovery not being as quick as it could be. ”

Both physical and cognitive activities - such as concentration and learning - should be carefully managed and monitored by a health care professional. Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care professionals (including a certified athletic trainer, when available), parents, and students. Not only can they help ease the transition, and make accommodations for a student, they can also keep an eye out for concussion symptoms.

Students who return to school after a concussion may need to:

- Take rest breaks,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Spend less time on the computer, reading, or writing.

As the student's symptoms decrease, the extra help or support can be gradually removed. An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer. There are five gradual steps that you and the health care professional should follow. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and received the green-light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

Remember, this is a gradual process. These steps should not be completed in one day but instead, over days, weeks, or months.

STEP 1:

Begin with light aerobic exercise, but only to increase an athlete's heart rate. This translates into 5 to 10 minutes on an exercise bike, walking, or light jogging. There should be no weight lifting, jumping or hard running at this point.

STEP 2:

Add activities that increase an athlete's heart rate, and incorporate limited body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (which means reduced time and reduced weight from an athlete's typical routine).

STEP 3:

Bump it up a notch to heavy, non-contact physical activity. This includes sprinting or running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sports-specific drills (in 3 planes of movement).

STEP 4:

Reintegrate the athlete in practice sessions, including, if appropriate for the sport, full contact in controlled practices.

STEP 5:

Put him or her back into play.

During each step, keep your eyes open for returning symptoms, including fuzzy thinking and concentration. Any symptoms need to be reported to the athlete's health

care professional. If an athlete's symptoms come back, or he or she exhibits new symptoms with this increased activity, stop these activities and take it as a sign that the athlete is pushing him or herself too hard. After additional rest, and an okay from their health care professional, the athlete may start over again at the previous step.

At first, be prepared for your player to offer resistance - the player might feel frustrated, sad, or even angry about having to sit out. Talk to the player about it. Be honest about the risks of being put back into play too soon. Offer your support and encouragement. Tell the player that as the days go by, he or she should start feeling better.



LESSON 5

While sports are a great way to help young athletes stay healthy and do well in school, for most athletes, playing sports is about having fun. This means playing in an environment that supports good sportsmanship, hard work, and positive coaching.

As a youth sports coach, you help shape the experience for athletes on the playing field. You also play a critical role in creating a culture of safety around concussion and empowering young athletes to report concussion symptoms.

You can take steps to help improve the culture of concussion by:

- Teaching your athletes ways to lower their chances of getting a concussion.
- Expecting safe play, modeling safe play, and reinforcing safe play.
- Setting time aside throughout the season to educate your athletes about concussion.
- Creating an environment that includes positive messages on concussion reporting.

Teach your athletes ways to lower their chances of getting a concussion.

Every sport is different, but there are skills and techniques you can teach athletes to help them avoid hits to the head. Contact your league or sport governing body to learn more.

Expect safe play, model safe play, and reinforce safe play.

As many as a quarter of concussions result from aggressive or illegal play. As

a coach, it is essential for you to expect, model, and reinforce fair play, safety, and sportsmanship. This means ensuring athletes avoid unsafe actions such as:

- Striking another athlete in the head;
- Using their head or helmet to “spear” another athlete;
- Making illegal contacts;
- Checking, tackling, or colliding with an unprotected opponent; and
- Purposely injuring another athlete.

Set time aside throughout the season to educate your athletes about concussion.

Talk with athletes often about concussion. Make sure they know how to identify symptoms and know what to do if they think they or one of their teammates have a concussion.

Remind athletes that safety comes first. When in doubt, sit it out!

Reinforce the importance of reporting a possible concussion no matter how important the game or event seems at the time. Encourage your athletes to support their teammates who sit out of play for a possible concussion or who are recovering from a concussion.

Post information about concussion in locker rooms and places where athletes practice and compete. Also, be sure to keep the HEADS UP app or pocket card with a list of concussion signs and symptoms on hand. This shows athletes that you take concussions seriously and it may help you identify a possible concussion during play.

Create an environment that includes positive messages on concussion reporting.

Young athletes depend on you for guidance. It is up to you to foster an environment where young athletes feel comfortable reporting concussion symptoms, no matter how important the game or event seems. Take the time to learn about concerns your athletes might have about reporting their concussion symptoms and make reporting a priority. Young athletes' beliefs about their coaches' expectations and feelings will help determine whether they feel comfortable reporting a possible concussion. When coaches deliver positive messages and praise athletes who report concussion symptoms, athletes feel more comfortable reporting an injury.

DID YOU KNOW?

Many athletes hide their concussion symptoms, especially during an important game or championship.

Researchers interviewed almost 800 high school athletes during the course of a season, and found that:

- 69 percent of athletes with a possible concussion played with concussion symptoms.
- 40 percent of those athletes said their coach was not aware they had a possible concussion.

When young athletes receive negative messages from their coaches, they may feel pressured to keep silent and continue playing with concussion symptoms. This can be dangerous and places your athletes at risk for further damage that may take them out of play for an entire season, or longer.

Together, we can build a culture in youth sports where athletes take steps to lower their chances of getting a concussion and recognize and report concussion symptoms.

By taking this course and using what you learned, you are well positioned to improve the culture of concussion. Your actions can help create a safe environment for young athletes—so that they can stay healthy, active, and thrive both on and off the playing field.

And always remember –

WHEN IN DOUBT, SIT THEM OUT!

THANKS COACH!

Thanks for teaching me about teamwork and leadership. Thanks for showing me that sports help me stay healthy and do well in school. And thank you for teaching me about concussion. Letting me know that I should tell you if I think I have a concussion. And how to protect my head and brain, because one day I want to be: A teacher. An astronaut. A scientist. Or a coach—just like you. Thank you for protecting my future.



**HEADS UP
COACHES**

HEADS UP Concussion in Youth Sports Online Training Post-Test

1. Select the statements below that are true:

- A. A concussion is a brain injury.
- B. Athletes should have more than one concussion symptom before they are removed from play.
- C. Athletes who have ever had a concussion are at increased risk for another concussion.

2. Select the statements below that are true:

- A. An athlete who is experiencing the effects of a concussion performs the same as an athlete who doesn't have a concussion.
- B. I need permission from the athlete's parent to remove an athlete from play when a concussion is suspected.
- C. Athletes who are removed from play because they are suffering from a concussion should return to play only after they are back to their regular school activities.
- D. There is a possible risk of death if a repeat concussion occurs before the first one has healed.

3. Which of the following would be considered danger signs of the most serious type of head or brain injury and require rushing an athlete to the emergency department immediately?

- A. The athlete seems slightly off balance, complains of a headache, did not lose consciousness, but "isn't feeling right."
- B. The athlete lost consciousness, has slightly slurred speech, and seems to become increasingly more confused and restless.
- C. The athlete complains of a headache and appears slightly dazed or stunned.

4. Consider the following scenario: It is the last quarter of the championship game and your best athlete is knocked down and you think she may have hit her head. She continues playing, but you notice that she is not acting right. You call a time-out to talk to her. She says she is fine and wants to keep playing. What would you do?

- A. Require her to take a break before she returns to the game.
- B. Allow her to finish the quarter since the game is almost over.
- C. Require her to sit out for the rest of the day.
- D. Immediately rush her to a hospital or emergency room.

5. When should you talk to parents about the possible concussion their athlete may have had?
- A. The evening of the event.
 - B. The following day.
 - C. Right away—before allowing the athlete to go home.
 - D. Before the next game/match/event.
6. Consider the following scenario: One of your athletes went to the emergency department to get checked for a concussion after yesterday’s practice. When he arrives at practice today, what would you do?
- A. Let him warm up with the team to see how he feels.
 - B. Let him participate in the entire practice since he says he feels fine.
 - C. Tell him you need a note from his health care provider to see if he can participate in practice.
 - D. Tell him to take a break from practice today, and to come back tomorrow to play.
7. Most athletes with a concussion feel better:
- A. The next day
 - B. Within a couple of weeks
 - C. Within 1 to 2 months
 - D. After 3 months or longer
8. What percentage of athletes do researchers think try to hide their concussion symptoms from their coach?
- A. Less than 20%
 - B. Between 30% to 40%
 - C. Between 60% to 70%
 - D. More than 80%

NAME

DATE

AREA

Please send this completed test to us:
email: volunteer@specialolympicsva.org
fax: 804-346-9633
mail: Special Olympics Virginia
3212 Skipwith Road, Suite 100
Richmond, VA 23294
ATTN: Volunteers