

# Special Olympics Lions Clubs International **Opening Eyes**<sup>®</sup>



Lions Clubs International  
**FOUNDATION**

March 2022

Dear Potential Special Olympics Wisconsin Opening Eyes Volunteer:

Special Olympics Wisconsin (SOWI) is offering free health screenings at the Special Olympics Wisconsin 50<sup>th</sup> Anniversary Celebration Games in Waukesha on July 30, 2022. Opening Eyes is one of four health assessments being offered during the two-day tournament. It provides vision assessments to SOWI athletes. Athletes in need of prescription glasses receive free dress and/or sport goggles, which are mailed to their local program coordinator about twelve weeks after the event. Athletes that do not require prescription glasses receive designer sunglasses when exiting the venue. Screenings will be held at Carroll University on Saturday from 10:00 a.m. to 5:00 p.m.

Our volunteers are essential to the success of the program. We need 40 people to help throughout the day!!

**If you have questions or would like to volunteer please sign up by contacting Kim Jelinske at The Vision Therapy Center at 262-784-9201 or [sowioe@thevtc.com](mailto:sowioe@thevtc.com).**

**Screening/Assessment Site:**

The screening and assessment area will be held indoors at Carroll University. Location details with parking instructions will be shared in future communication. Carroll University is located in Waukesha, WI (250 North Barslow St.).

**The four Healthy Athletes disciplines offered at the Celebration Games are:**

Fit Feet (Sunday)  
Health Promotion (Sunday)  
Opening Eyes – (Saturday)  
Special Smiles – (Saturday)

Lunch will be provided for all day volunteers.

**Equipment:**

Optometrist volunteers please bring your hand instruments (ophthalmoscope, retinoscope, transilluminator) and prescription pad.

**Attire:**

Casual attire, volunteers will be given an Opening Eyes tee shirt at the time of your arrival to wear for the day. Occasionally rooms get warm, so we recommend bringing a water bottle to keep with you throughout the day.

**Schedule:**

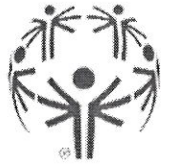
**Saturday, July 30, 2022**

8:30 a.m. – 10:00 a.m.	Volunteer Check-In & Training Session
10:00 a.m. – 5:00 p.m.	Vision assessments (doors close at 3:30pm, no new athletes after that time)
11:30am-1:30pm	Volunteers shift out for lunch
5:00 – 5:30 p.m.	Pack-up supplies/equipment

I am looking forward to meeting all of you. Thank you for your dedication and commitment to supporting Special Olympics Wisconsin and our Opening Eyes program with your valued volunteer contribution. You inspire greatness within the athletes and within us.







## Opening Eyes VOLUNTEER REGISTRATION

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities. I know there is a risk of injury.
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. **Emergency Care.** If I am unable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf.
4. **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 contact information for communicating with me about Special Olympics.
    - sharing my personal information with (i) medical professionals in an emergency, and (ii) government authorities for any 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 privacy policy at [www.SpecialOlympics.org/Privacy-Policy](http://www.SpecialOlympics.org/Privacy-Policy).
5. **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.

<b>Name:</b>	
<b>VOLUNTEER SIGNATURE</b> (required for adult with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
<b>Volunteer Signature:</b>	<b>Date:</b>

# Special Olympics Wisconsin

## Opening Eyes VOLUNTEER REGISTRATION

Special Olympics  
Lions Clubs International  
**Opening Eyes®**

**Location:** Carroll University, Waukesha, WI

**Date:** Saturday July 30, 2022     **Volunteer Shift:** 8:30am – 5:00pm

8:30-10:00am volunteer check-in and orientation

10:00am-5:00pm Opening Eyes venue open (no new athletes after 3:30pm)



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**Volunteer Registration Deadline: Monday July 15, 2022**

<b>VOLUNTEER INFORMATION (* Required Field)</b>		
* First Name:	* Last Name:	
* Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity	
* Address:		
* City:	* State:	* Postal Code:
* Primary Phone:	* E-mail:	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
* Employer:		
Do you have a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No     Is your disability an Intellectual Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
I am a (please select one): <input type="checkbox"/> Optometrist <input type="checkbox"/> Optician <input type="checkbox"/> Ophthalmic Technicians <input type="checkbox"/> Lions Club member <input type="checkbox"/> Optometry student <input type="checkbox"/> non-clinical volunteer		
Race/Ethnicity:		
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latinx	<input type="checkbox"/> More than one race <input type="checkbox"/> Other
<b>Language(s):</b> Mark all that apply <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):		
<b>EMERGENCY CONTACT INFORMATION</b>		
Name:		
Phone:		
Relationship:		
<b>GROUP INFORMATION</b>		
Name of Club/Association, Volunteer Organization, Business/Employer or Civic Group:		
Have you volunteered with Special Olympics before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what volunteer job did you do?		

If you would like to volunteer, please mail forms to Kim Jelinske at The Vision Therapy Center [sowioe@thevtc.com](mailto:sowioe@thevtc.com). Questions, contact Kim Jelinske at 262-784-9201