

# Volunteer Screening Certification Form

**Definitions:** Please check the appropriate column(s) for each individual. **ANY** individual responsible for athletes overnight, **MUST** be screened and complete Online Protective Behaviors and Concussion Course.

**\*\*Please note if they are under 18\*\***

**Head Coach:** Individual that has trained the athletes in a specific sport prior to Games and is accompanying the athletes to Games.

**HOD:** Head of Delegation (The individual that will be responsible for the entire delegation during Games.)

**Medical / Nurse:** Individual that is required to attend Games with your delegation. Not all delegations have this requirement.

**Assistant Coach:** Individuals that assist the Head Coach in a specific sport.

**Other:** Individuals to include: bus driver, chaperone, parent, etc. (Please specify)

**All of these individuals must complete a Volunteer Coach Profile form, Online Protective Behaviors and Concussion Training, Coach Code of Conduct, and send with Games Paperwork.**

**AREA:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

## SOGA USE ONLY

Full Name	Head Coach	HOD	Medical	Asst. Coach	Other (Specify)	Screened	Not Screened	Protective Behaviors	Coach Code of Conduct	Concussion Training

**HOD SIGNATURE:** \_\_\_\_\_