

EVALUATION

1. This year's SCSSC State Games competition was:
 well publicized
 safety conscious
 organized
 professionally conducted
2. My volunteer responsibilities were:
 properly communicated
 reasonable
3. The participants were:
 trained
 reasonable
 treated fairly
 knowledgeable
4. Improvement needs to be made in:
 facilities
 event management
 procedures
 scheduling
 communications
 manpower
 equipment

Suggestions:

Would you like to volunteer next year

- yes
 no

Name:

INVOLVEMENT

As an integral part of the SCSSC, we acknowledge your contribution to the success of the program & would value your input. In addition to your evaluation form, we welcome your comments & suggestions throughout the process. During downtime, talk with your Event Manager, Staff, or Board Member about ways we can improve our service. If you would like to become more involved with the SCSSC through participation, fundraising, publicity, Local Games, state management or at the national level, please let us know,

IMPORTANCE

You are providing an invaluable service to South Carolina's senior population. Besides the opportunity for you to give back of your time and talent to those who have gone before, we want you to know that we could not do this without you, It takes 100 volunteers to conduct the State Games and its success will be directly reflected in your knowledge, professionalism and attitude this week. This is serious business for the athletes that have spent hours training to reach a score, time or distance that would qualify them for a berth in the National Senior Olympics. So while we want you to enjoy the experience, we also want you to be aware of the importance of your role in the success of this competition.

Contact Numbers:

FMU University Center 843-661-1109
FMU Security 843-661-1109
Volunteer Coordinator, Robin Parker 843-615-1798
Event Director, Jason Burton 843-602-4657

SCHEDULE OF EVENTS

Wednesday

Golf	Bocce
Tennis Singles/Mixed Dbls	Triathlon
Bowling Mixed Dbls	Racquetball

VOLUNTEER HANDBOOK



The SCSSC began in 1985 with a one day sports festival for 50 area athletes. The program has blossomed into 20+ Local Games serving over 3000 citizens around the state, a four day state competition with 500 participants in 44 team and individual events; and 200+ SC athletes advancing biannually to the National Senior Games. Invitational events are now underway all around the state to provide year round opportunities for our 50 and better competitors !!

PURPOSE

The South Carolina Sports Classic is a nonprofit organization supported by public donations and endorsed by the SC Recreation and Park Administration of Parks, Recreation and Tourism. We are the state's official sanctioned event of the National Senior Games Association which is an affiliate of the US Olympic Committee. The purpose of the SCSSC is to inspire South Carolina's 50+ population to become physically fit through sport. We are dedicated to providing opportunities for our citizens to maintain a healthy, active lifestyle regardless of age. The SCSSC State Games competition is a large part of the effort.

EVENT MANAGERS

1. Check venue, equipment, radio, score sheets, brackets, water and supplies.
2. Check in athletes 15 minutes prior to the event. Scratch anyone not reporting 10 minutes prior to starting time. Verify discrepancies via radio.
3. Hold pregame meeting to review rules, scoring, pairings, award presentation, medical & bad weather plan, etc.
4. A two-way radio must be at each venue. Pick radios up from the Volunteer Station prior to event, **Set frequency on channel 2 & test upon arrival at venue.** Operate radios away from athletes/spectators. Limit use but call for registration verification, water, equipment, transportation or first aid.

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PREPARATION

1. Attend Volunteer Training usually the Wednesday the week of the games.
2. Wear your Volunteer shirt, blue/ khaki shorts & tennis shoes. Bring your reading glasses, a hat, sunglasses and sunscreen.
3. Drink plenty of water or Gatorade
4. Arrive at least 30 minutes before event.
5. Report to Volunteer Station, turn in your medical waiver & application, meet coworkers, review plan, & take materials to your venue.
6. Conduct event professionally with patience & excitement.
7. Pay attention to detail & accuracy in scoring as well as condition of the athletes.
8. Any uncertainty/discrepancy should be handled in private between officials & away from the athletes/ spectators.
9. Determine 3rd & 4th place in all events. Athletes must play at least one match in order to medal.
10. Complete & turn in evaluation form.
11. Make Plans to join us for the fun next year !

EMERGENCIES

The safety of our participants, spectators, & volunteers is paramount. Please keep your eyes, ears & senses open to preventative measures & familiarize yourself with medical, safety & emergency procedures.

1. Make sure venues have a radio, adequate water, Gatorade, towels, first aid supplies, etc.
2. Event Manager should explain safety procedures to athletes & spectators at the pregame meeting
3. In the event of injury/illness, make the person comfortable, but do not try to administer first aid or move them unless the situation is life threatening. Call for emergency personnel noting the severity & talk with the victim to maintain consciousness. Medical staff may suggest applying ice, elevation, pressure to stop bleeding, or a cool compress until they arrive. Just ask what to do & follow instructions. Clear the area of spectators & athletes.
4. After treatment by medical personnel & stabilization or transport, complete the incident report form & turn in to the Event Manager.
5. When rain prevents safe competition, suspend play & seek temporary shelter. Resume play when safely possible. If unable to resume play seek instruction via radio.
6. In the event of hazardous weather a horn will sound & you will be notified to suspend play & seek shelter. Familiarize yourself of the safe haven of your event. **DO NOT SEEK SHELTER UNDER TREES.**

INCIDENT REPORT FORM

Date _____

Time of Incident _____

Name/Address: _____

Phone _____

Describe Incident:

Action Taken:

Witnesses/Phone

Registered Athlete YES NO

Insurance Form Given YES NO

Event _____

Event Mgr _____

Team Name _____

Coach _____

Address _____

Phone _____

Incident Occurred In: (Circle)

Competition

Practice