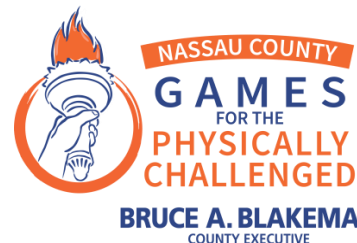


Nassau County Empire State Games for the Physically Challenged

Nassau County Department of Parks, Recreation & Museums
Administration Building, Eisenhower Park,
East Meadow, NY 11554
www.nassaucountypcgames.com



“Celebrating 38 Years of Ability”

****NEW RETURN DATE: APRIL 1st, 2024**

Dear Volunteer Group Leader,

Thank you for your interest in volunteering for the **2024 Nassau County Empire State Games for the Physically Challenged** which will take place on **Friday, May 31st through Saturday, June 1st, 2024**, as we **“Celebrate 38 Years of Ability”**. As in the past, outdoor events will be held at **Mitchel Athletic Complex**, and the indoor events will be held at **Nassau Community College** in Uniondale.

Please carefully review all information on this sheet. Fill out the enclosed group volunteer information form and the group volunteer sign up form and return by **April 1, 2024**. Please try to have all student volunteer waiver forms completed and returned by **April 1st as well**.

Groups will not be permitted to participate unless all forms are completed and returned!
Volunteers will be selected on a first come first serve basis according to availability selected.
Limit of 25 volunteers per group.

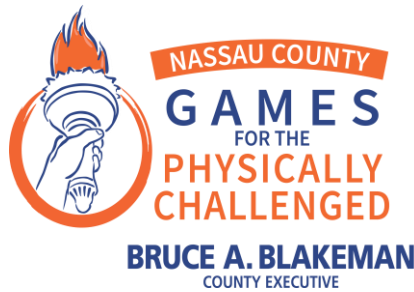
We have some suggestions for groups to make it a pleasant and successful experience for all:

- 1.** Please ensure that all volunteers are **16 years of age** or older, unless otherwise cleared by the Games office.
- 2.** Student groups **must have adequate adult supervision** while at the Games site. **Teachers/Supervisors will be responsible for keeping students on task with volunteer responsibilities.** We want this to be a positive learning experience for everyone! A dedicated volunteer is the heart of a successful program!
- 3. Volunteers must be available to work the entire time period for committee assignments selected.** Volunteers will be assigned as groups to the areas needed, please keep this in mind when completing the enclosed information forms. If you are unsure what committees your group is best suited for, please call the Games Office for guidance. **A minimum 5-hour shift is required.** We would welcome any group that is unable to work the minimum 5-hour shift, to come and cheer on the Athletes as Official NCESGPC Boosters.
- 4.** Please ensure that all volunteers dress appropriately. All volunteers will receive an NCESGPC ID Tag, and a NCESGPC Volunteer T-Shirt that must be worn while volunteering. Dress according to the weather of the day but be prepared for rain or wind and bring plenty of sunscreen (and hats) to protect you from the sun.

If you have any questions, please contact Susan Maxwell at (516) 903-1139
or email: victorychallenge@nassaucountyny.gov

Visit our website at www.nassaucountypcgames.com

COME JOIN THE FUN!
Mitchel Athletic Complex &
Nassau Community College
May 31st – June 1st, 2024



CELEBRATING
"38 YEARS"
OF ABILITY

School or Group _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone # (_____) _____ Fax # (_____) _____

EMAIL _____

COMMITTEES:

Please select, in order of preference, the committee(s) you wish to volunteer for. (maximum 3)

*****Volunteers must be available for the entire time checked*****

Support Services

Thursday, May 30th

Friday, May 31st

Saturday, June 1st

___ Clean-up

___ 9am – 3pm
___ 5pm – 10pm

___ 9am – 3pm

___ Demonstrations

___ 9am – 3pm

___ 9am – 3pm

___ Equipment set up

___ 9am – 5pm

___ Water/Ice

___ 9am – 3pm
___ 5pm – 9pm

___ 9am – 3pm

Competition:

Friday, May 31st

Saturday, June 1st

___ Field

___ 8am – 2pm

___ 8am – 2pm

___ Track

___ 9am – 3pm

___ 9am – 3pm

___ Table Tennis

___ 5pm – 10pm

___ Slalom – Ambulatory

___ 10am – 4pm

___ Slalom – Wheelchair

___ 10am – 4pm

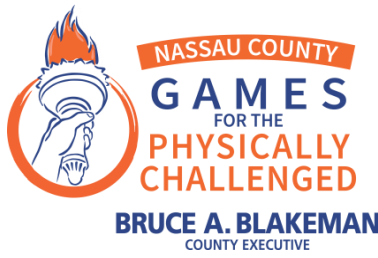
___ Swimming (In pool as swim buddy Yes ___ No ___)

___ 5pm - 10pm

Return Group Volunteer forms by email to: victorychallenge@nassaucountyny.gov
OR by FAX to: (888) 863-7491 Deadline April 1, 2024

Visit our website at www.nassaucountypcgames.com

COME JOIN THE FUN!
Mitchel Athletic Complex &
Nassau Community College
May 31st – June 1st, 2024



Celebrating
“38 Years”
of Ability

Name (PRINT NEATLY)	Date of Birth	T-Shirt Size

Total T-Shirt Count: S: _____ M: _____ L: _____ XL: _____ XXL: _____ 3XL: _____

Teacher/Chaperone Name: _____

School/Group Name: _____

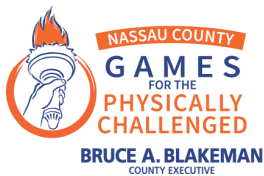
Mailing Address: _____

Contact Phone #: (_____) _____ Fax #: (_____) _____

Email: _____

Return all completed forms by April 1st, 2024 to fax # (888) 863-7491
OR by email: victorychallenge@nassaucountynv.gov
For more information please visit our website at: www.nassaucountypegames.com

COME JOIN THE FUN!
Mitchel Athletic Complex &
Nassau Community College
May 31st – June 1st, 2024



38 Years of Ability
This waiver must be
completed and signed to
receive volunteer assignment.

Student/Volunteer Name (print): _____

Please answer all questions:

1. Have you volunteered for the Games in the past? Yes No
If yes, tell us how long _____
What Committees? _____
2. List any medical conditions, disabilities, etc. which might affect your assignment: _____

3. Except for minor traffic violations, have you ever been convicted of a violation of the law? (a yes answer does not necessarily preclude you from volunteering with NCESG) No Yes
If Yes, please list the violation(s) or crime(s) of which you were convicted and the date(s) of the convictions below:

4. Are you currently on parole or probation? No Yes - If yes, please explain:

5. Are you currently awaiting trial on any criminal charge? No Yes - If yes, please explain:

6. Are you currently on deferred adjudication? No Yes - If yes, please explain:

7. Have you been discharged or asked to resign from any position in the past 5 years? No Yes - If yes, please explain:

Volunteer Insurance Information

Volunteers *approved* by Nassau County will be provided protection under Workers Compensation should they be injured while performing those duties as a volunteer. The protection provided shall be subject to all terms and conditions as established by law. In the event of an accident, or notice of legal action, volunteers must contact Nassau County, at the address provided, immediately.

Background Check Consent

I hereby authorize Nassau County to make such investigations and inquiries of my employment and background as may be necessary in determining whether to approve my volunteer application for a volunteer position with the 2024 Nassau County Empire State Games for the Physically Challenged.

Waiver & Medical Release

I hereby release and forever discharge any and all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the County of Nassau, the owner of the site of competition I am volunteering at, and the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my volunteering for the event known as the 2024 Nassau County Empire State Games for the Physically Challenged.

I recognize the challenges of the event(s) in which I have chosen to volunteer, and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that a qualified medical person has not advised me otherwise. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the 2024 Nassau County Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the 2024 Nassau County Empire State Games for the Physically Challenged and without compensation to me.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment.

I hereby agree, I will not, by reason hereof, make any claim, demand, or application for any right or privilege applicable to an officer or employee of Nassau County, other than what is specifically provided for, including but not limited to unemployment insurance benefits, social security coverage, or employee retirement membership or credit.

I have received and hereby agree that I will cooperate and abide by code of conduct as stated in the 2024 Nassau County Empire State Games for the Physically Challenged Handbook and all rules and regulations as may be requested by Nassau County, and if failing to do so, will abide by any penalties as stipulated by such.

By signing below, I certify that I have read the statements above, and agree to the terms stated therein.

Applicant must sign here. Must be SIGNED and DATED.

Date

Under age 18 Parent/Guardian Permission: By signing below, I certify that I am the parent or legal guardian of the applicant and have read the above content and the information provided, agree to the terms on behalf of the applicant, and grant permission for him/her to volunteer for the 2024 Nassau County Empire State Games for the Physically Challenged.

Signature of parent/guardian (parent/guardian must SIGN and DATE if applicant is under age 18)

Date

For more information visit our website at: www.nassaucountypcgames.com