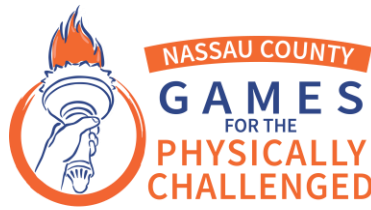


COME JOIN THE FUN!
 Mitchel Athletic Complex &
 Nassau Community College
 May 31st – June 1st, 2024



BRUCE A. BLAKEMAN
 COUNTY EXECUTIVE

CELEBRATING
 "38 YEARS"
 Of ABILITY

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

Volunteer Form (Must be 16 years or older)

Name _____ Date of Birth ____/____/____
 Street _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____
 Occupation _____
 Email (PRINT) _____
 Shirt size (circle one): S M L XL XXL 3XL

Committees: Please select in order of preference, the committees you wish to volunteer for (maximum 3).

****VOLUNTEERS MUST BE AVAILABLE FOR THE ENTIRE TIME PERIOD CHECKED****

Order of preference:

	<u>Thursday(5-30)</u>	<u>Friday(5-31)</u>	<u>Saturday(6-1)</u>	<u>Sunday(6-2)</u>
___ Awards (AW)		___ 11am-6pm ___ 5pm-10pm*	___ 10am-5pm ___ 5pm-10pm*	___ 8am-12n (Nassau/Suffolk Dorms)
___ Basketball (BT)		___ 4pm-10pm*		
___ Clean-Up (CU)		___ 9am-2pm ___ 2pm-9pm	___ 9am-2pm ___ 2pm-9pm	
___ Commodities (CM)		___ 8am-3pm	___ 8am-12n	
___ Demonstrations (DM)		___ 9am-4pm	___ 9am-4pm	
___ Equipment/Setup (ES)	___ 9am-5pm	___ 2pm-9pm	___ 2pm-9pm	
___ Field (FV)		___ 7:30am – 2:30pm	___ 7:30am – 2:30pm	
___ Food (FD)		___ 7am-10am ___ 11am-2pm	___ 7am-10am ___ 11am-2pm	
___ Registration (RA) (Athlete)		___ 8am-3pm ___ 5pm-8pm*	___ 8am-3pm	
___ Registration (RV) (Volunteer)		___ 8am – 4pm ___ 5pm – 8pm*	___ 8am – 4pm	
___ Slalom – Ambulatory (SA)			___ 8:30am – 3pm	
___ Slalom – Wheelchair (SC)			___ 8:30am – 3pm	
___ Statistics (ST)		___ 8:30am – 3pm	___ 8:30am – 3pm	
___ Swimming (SW)		___ 5pm-10pm*	Swim buddy in pool	___ Yes ___ No
___ Table Tennis (TT)		___ 5pm-10pm*		
___ Track (TV)		___ 8:30am-3pm	___ 8:30am – 3pm	
___ Water/Ice (WI)		___ 8am-3pm ___ 5pm-8pm*	___ 8am-3pm	

***Report to Nassau Community College for assignment!**

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 NCEGSPC) 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.

Signature (all applicants must SIGN and DATE)

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

Return both pages of the completed form by **April 1st, 2024** to:

By Fax: (888) 863-7491 or Email: victorychallenge@nassaucountyny.gov

**Games for the Physically Challenged, Nassau County Department of Parks, Recreation & Museums,
Administration Building, Eisenhower Park, East Meadow, NY 11554**