

COME JOIN THE FUN!  
Mitchel Athletic Complex &  
Nassau Community College  
May 30 - June 1, 2019  
Opening Ceremonies May 30<sup>th</sup>



CELEBRATING  
"35 YEARS"  
OF ABILITY

**2019 Interpreting Volunteer Information Form**

**Coordinators: Mary Dunn and Flo Brown**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ (Voice/TTY/Both)  
Business Phone (\_\_\_\_) \_\_\_\_\_ (Voice/TTY/Both)  
Occupation \_\_\_\_\_ Cell/Pager # (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Shirt size (circle one): S M L XL XXL

**Please indicate available hours** (minimum 4 hour blocks):  
Thursday 5/30/19 evening \_\_\_\_\_  
Friday 5/31/19 daytime \_\_\_\_\_ evening \_\_\_\_\_  
Saturday 6/01/19 daytime \_\_\_\_\_ evening \_\_\_\_\_  
Level of signing skills: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5+\_\_\_\_ Interpreter\_\_\_\_  
(This information will help us determine more appropriate assignments in order to better assist our deaf and hearing-impaired athletes)  
Are you willing to supervise in the Hofstra Dorms (Thursday, Friday, and Saturday)? Yes\_\_\_\_ No\_\_\_\_  
Are you qualified to interpret or transliterate Opening and/or Closing Ceremonies? Yes\_\_\_\_ No\_\_\_\_

Thank you for completing this form. We are pleased to be working with you again and are looking forward to another successful year!

- \_\_\_\_ I cannot attend the Games this year but wish to remain on the mailing list.
- \_\_\_\_ My address and/or phone number has changed (Note changes above).
- \_\_\_\_ Please remove me from the mailing list.

**Please complete all information and sign volunteer waiver.**

For more information, please email Mary: [maeveny@gmail.com](mailto:maeveny@gmail.com) or Flo: [flamebabygrrl@gmail.com](mailto:flamebabygrrl@gmail.com)

**Return Both completed forms by April 15, 2019 to:**

By Fax: (888) 863-7491 OR Email: [victorychallenge@nassaucountyny.gov](mailto:victorychallenge@nassaucountyny.gov)

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

Visit our website at [www.nassaucountypcgames.com](http://www.nassaucountypcgames.com)

**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 below, 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 2019 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 2019 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 2019 Nassau County Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the 2019 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 2019 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 here)

\_\_\_\_\_  
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 2019 Nassau County Empire State Games for the Physically Challenged.

\_\_\_\_\_  
Signature of parent/guardian (parent/guardian must sign if applicant is under age 18)

\_\_\_\_\_  
Date

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