



# KIWANIS FOOD VOLUNTEER REGISTRATION

Committee Head: Randy Dumas



October 13-14, 2023 • The College at Brockport • Celebrating 36 Years of Abilities

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**KIWANIS CLUB** \_\_\_\_\_

**SHIRT SIZE (PLEASE CIRCLE)      M      L      XL      2XL      3XL      4XL**

**DAYS AND TIMES AVAILABLE**

**FRIDAY, OCTOBER 13, 2023**

\_\_\_\_\_ **7:30AM – 10:00AM**

\_\_\_\_\_ **10:00AM – 1:30PM**

\_\_\_\_\_ **BOTH SESSIONS**

\_\_\_\_\_ **4:00PM – 7:00PM (BANQUET)**

**SATURDAY, OCTOBER 14, 2023**

\_\_\_\_\_ **8:00AM – 10:00AM**

\_\_\_\_\_ **10:00AM – 1:30PM**

\_\_\_\_\_ **BOTH SESSIONS**

**If you have any questions or comments on how we can make this year’s lunch run smoother, please feel free to contact Susan Maxwell (585) 395-5620 (office).**

**Return Completed form by October 2, 2023:**  
**By Email to: [smaxwell@brockport.edu](mailto:smaxwell@brockport.edu) OR By Fax to (888) 863-7491**  
**Mail to: Games for the Physically Challenged,**  
**Susan Maxwell, 350 New Campus Drive, Brockport, NY 14420-2993**  
**or drop by the Games Office, B223B Tuttle North.**

**Please complete waiver on backside of form!**

**2023 Games for the Physically Challenged Kiwanis Volunteer Application Form**

**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 (ESGPC)  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: \_\_\_\_\_

**Background Check Consent**

I hereby authorize Camp Smile Inc. to make such investigations and inquiries of my employment and background as may be necessary in arriving at a volunteer position with the 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 Camp Smile Inc., the State of New York, the New York State Office of Parks, Recreation, and Historic Preservation, the owner of the site of competition I am volunteering at, or 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 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 Empire State Games for the Physically Challenged programs in any manner incidental to my participation in the 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 that I will abide by the code of conduct as stated in the Empire State Games for the Physically Challenged Handbook, 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 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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