



# Group Volunteer Information and Forms



October 18-19, 2019 • The College at Brockport • Celebrating 33 Years of Abilities

Dear Group Leader,

Thank you for your interest in volunteering for the Empire State Games for the Physically Challenged. The Games will celebrate “33 Years of Ability” on Friday, October 18th and Saturday, October 19th, 2019 at The College at Brockport, The SERC & the Tuttle North Athletic Complex. Please review the information on this sheet, fill out the enclosed group volunteer information form, the group volunteer sign-up form and the student volunteer insurance/waiver forms.

1. Please insure 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.
3. Volunteers will receive a T-shirt that they are required to wear.
4. Volunteers should dress appropriately and according to the weather of the day, be prepared for anything, as events will be outdoors on Friday.
5. The provided lunch will consist of hotdogs/Friday and hamburgers/Saturday. Anyone requiring a special diet must bring his or her own lunch.
6. The group coordinator should check in for the group, and pick up ID tags and shirts at the Volunteer Registration in TN Gym 206.
7. Please return the Group Volunteer forms by October 4, 2019. Each volunteer must fill out an insurance/waiver/medical form to volunteer. Each form requires a parent/guardian signature. You may bring these forms with you to the volunteer registration table on Friday, October 18th.

If you have any questions, please contact:

Susan Maxwell at the Games Office at (585) 395-5620  
Or by email at [smaxwell@brockport.edu](mailto:smaxwell@brockport.edu).

For More Information please visit our website at:  
[www.empirestategamespc.org](http://www.empirestategamespc.org)

## Group Volunteer Information Form



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School or Group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

### Volunteer options:

#### Friday, October 18<sup>th</sup>:

Buddies (9am – 2pm) \_\_\_\_\_ (work 1 on 1 with an athlete)

Demonstrations (9am – 2pm) \_\_\_\_\_ (assist with demo games/activities)

Slalom (9am – 2pm) \_\_\_\_\_ (assist with set up and run event)

#### Saturday, October 19<sup>th</sup>:

Swimming (9am – 12noon) \_\_\_\_\_ (assist with swimmers in pool & timers)

**Registration Deadline: October 4, 2019**

There are a limited number of volunteer positions to be filled.

Positions will be filled as registrations are received. All others will be asked to participate as boosters, cheering on the athletes. Due to the large number of groups, there is a limit of 25 volunteers per group.

**Return by Fax to: 888-863-7491**

Faxes will come directly to the Games email.

For more information, please visit our website at:  
[www.empirestategamespc.org](http://www.empirestategamespc.org)

## School Group Volunteer Form



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

**Total T-Shirt Count:** S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

**Teacher/Chaperone Name:** \_\_\_\_\_

**School Group Name:** \_\_\_\_\_

**Contact Phone #:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

## Student/Group Volunteer Waiver and Release Form



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**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 inquires 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

Return completed forms by **October 4, 2019** to:  
**Games for the Physically Challenged, Susan Maxwell, 350 New Campus Drive, Brockport, NY 14420**  
**Email to [smaxwell@brocport.edu](mailto:smaxwell@brocport.edu) Or fax both pages to 888-863-7491**

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