

2021 BUDDY VOLUNTEER FORM



October 15 - 16, 2021 • The College at Brockport • Celebrating 34 Years of Abilities

COMMITTEE DESCRIPTION: Buddy volunteers are paired with an athlete for the entire day. You are to be a friend and to assist your athlete any way you can (your athlete will let you know how much assistance he/she needs). You will assist in getting your athlete to his/her scheduled competitions on time, try the various demonstrations and share lunch together. **Important:** This assignment can require some physical stamina...it may be necessary for you to lift a wheelchair bound or otherwise impaired athlete. For this reason, please let us know of any medical condition that might affect your assignment. (See Below).

PLEASE PRINT LEGIBLY! DUE DATE: October 1, 2021 Volunteers must be 16 years of age or older

College students please use your school address and phone.

Last Name _____ First Name _____

School/Home Address _____

City _____ State _____ Zip _____

Cell Phone # (____) _____ - _____ Date of Birth ____/____/____

Email _____

Please Check: () College Student: _____ Major _____ () High School Student

AVAILABILITY: Buddies MUST be available for the entire time period selected.

_____ Friday, October 15th, 9am – 2:30pm (Approx 250 needed)

T-SHIRT SIZE (CIRCLE ONE): S M L XL XXL XXXL

****Please make sure to check in at the BUDDY TABLE after you go through volunteer registration.**

Additional Information:

- If you have any medical condition, disability, etc., which might affect your ability to be a "Buddy", please not it below.

- If you have previously volunteered with the Games for the Physically Challenged at Brockport, indicate years below.
 _____ 2019 _____ 2018 _____ 2017 _____ 2016 _____ 2015 _____ 2014 _____ 2013 _____ 2012 _____ 2011 _____ 2010 _____ 2009 _____ 2008 _____ 2007 _____ 2006 _____ 2005 _____ 2004 _____ 2003 _____
 _____ 2002 _____ 2001 _____ 2000 _____ 1999 _____ 1998 _____ 1997 _____ 1996 _____ 1995 _____ 1994 _____ 1993 _____ 1992 _____ 1991 _____ 1990 _____ 1989 _____ 1988 _____ 1987 _____
- If you are volunteering as a member of a college sports team, fraternity, sorority, high school club, etc., please give name and address of your coach/sponsor and organization in the space below.

- If you are proficient in sign language, please indicate at what level: _____

RETRUN COMPLETED FORMS BY OCTOBER 1, 2021 by email to smaxwell@brockport.edu by fax (888) 863-7491, by mailing to: Empire State Games for the Physically Challenged, 350 New Campus Drive, Brockport, NY 14420-2993, or you can drop them off at the Games Office, B223B Tuttle North.

PLEASE COMPLETE AND SIGN WAVIER ON BACK SIDE OF THIS FORM.

For more information, please visit our website at:
www.empirestategamespc.org



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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 Camp Smile 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 Camp Smile 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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