

Volunteer Registration Form



October 17 - 18, 2025 • The College at Brockport • Celebrating 38 Years of

PLEASE PRINT!

Return Completed form by October 6, 2025

NOTE: Registered Volunteers MUST be at least 16 years old.

College students please use your school address and phone.

Last Name _____ First Name _____ Shirt Size _____

Home/School Address _____

City _____ State _____ Zip _____ Birth Date _____

Email _____

Home/School Phone (____) _____ - _____ Business Phone (____) _____ - _____

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

COMMITTEES: Please check committee assignment(s), time(s) and day(s).

NOTE: Volunteers must be available for the entire time selected. We will assign you according to your preference and our needs.

____ SETUP/OFFICE HELP	Thursday-Saturday, flexible times, contact office 395-5620	
____ ATHLETE REG/COMMODITIES	____ Fri., 8am – 2pm	
____ AWARDS/RESULTS	____ Fri., 10am – 4pm	____ Sat., 10am – 4pm
____ CLEAN UP	____ Fri., 12pm – 4pm	____ Sat., 12pm – 4pm
____ DEMONSTRATIONS	____ Fri., 9am – 3pm	
____ EQUIPMENT	____ Fri., 7am – 4pm	____ Sat., 9am – 3pm
____ SECURITY	____ Fri., 8:30am – 3pm	
____ SLALOM (ambulatory & wheelchair)	____ Fri., 11am – 3pm	
____ SWIMMING- (Swim Buddies Needed)	IN POOL - Y or N	____ Sat., 9am – 1pm
____ TRACK	____ Fri., 10am – 3pm	
____ VOLUNTEER REG/COMMODITIES	____ Fri., 7:30am – 12pm	

INTERPRETERS: DEMONSTRATED PROFICIENCY IN SIGN LANGUAGE A MUST. Volunteer will be paired with a hearing-impaired athlete or group. Volunteer interpreters must be available for the entire day.

Level of Proficiency: _____

AVAILABILITY: _____ Friday, 9am – 3pm _____ Saturday, 9am – 12pm

HEALTH CARE: CERTIFIED HEALTH CARE PROVIDERS ONLY. Provide preventive health care services and basic first aid for athletes, volunteers, staff.

****CERTIFICATION# (MD, RN, LPN, PA, EMT):** _____

Copy of NYS Certification required

AVAILABILITY: _____ Friday, 8am – 3pm _____ Saturday, 8am – 12pm

Return Completed form by October 6, 2025:

By email to: 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.

Waiver form MUST be completed, signed and returned along with Registration 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 into 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)_____
DateReturn **both pages** of the completed form by **October 6, 2025** to:**By email to: 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.**