

VOLUNTEER APPLICATION

2013 NATIONAL VETERANS GOLDEN AGE GAMES

The information requested on this form is solicited under authority of Title 38, Section 513, United States Code, "Veterans' Benefits," and will be used to assist the recording of your Voluntary Service hours with the VA. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish this information will result in our inability to maintain proper records of your voluntary service. Failure to furnish this information will have no adverse effect on any other benefits to which you may be entitled.

I understand and agree to abide by the following factors which have been discussed with me: volunteer rights and responsibilities, reporting hours, fire/safety rules and regulations, reporting of special incidents, infection control, blood borne pathogens, hazard communication, equipment and utility management, and confidentiality.

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		E-MAIL ADDRESS			
DAYTIME PHONE NUMBER ()	CELL PHONE NUMBER ()	WORK PHONE NUMBER ()	IF VA EMPLOYEE, WHAT FACILITY?		
IN CASE OF EMERGENCY, NOTIFY		PHONE NUMBER	RELATIONSHIP		
COMPANY WORKING FOR/ORGANIZATION/MEMBERSHIP /POST (VFW, DAV, etc.)					
DO YOU HAVE ANY PHYSICAL RESTRICTIONS OR LIMITATIONS WHAT WOULD RESTRICT YOUR VOLUNTEER ACTIVITIES? (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO _____					
MEAL OPTIONS (RECEIVE ONLY IF YOU VOLUNTEER FOR 4 OR MORE HOURS) <input type="checkbox"/> MEAT <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> GLUTEN-FREE					
T-SHIRT SIZES <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> XX-LARGE <input type="checkbox"/> XXX-LARGE <input type="checkbox"/> XXXX-LARGE					
PLEASE INDICATE YOUR PREFERENCE FOR VOLUNTEER ACTIVITIES (if you can only volunteer on specific dates, please indicate on application)					
	DATES		DATES		
<input type="checkbox"/> PARTICIPANT REGISTRATION	5/30	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> MEDICAL SUPPORT	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> VOLUNTEER REGISTRATION	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> MEDICAL TRANSPORTATION	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> TRANSPORTATION	5/30-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> CLINICAL	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> SITE SET-UP	5/28-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> CLERICAL	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> WHEELCHAIR REPAIR	5/30-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> ESCORTS	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> CUSTOMER SERVICE	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> INFORMATION TABLE	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

EVENTS (You cannot choose more than one event per day. If multiple dates, please circle which one you prefer.)				
	DATES		DATES	
<input type="checkbox"/> AIR RIFLE (Convention Center)	6/3	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> HORSESHOES (LaSalle Park)	6/2 & 6/3 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> BOWLING (Transit Lanes)	6/3	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 9 BALL (Pocketeers)	6/2 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> CHECKERS (Convention Center)	5/31	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> SHOT PUT (ECC South)	6/1 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> CROQUET (Nichols)	6/1	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> DISCUS THROW (ECC South)	6/1 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> CYCLING (Air Force Base Niagara Falls)	6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> SHUFFLEBOARD (Convention Center)	5/31 & 6/1 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> DOMINOES (Convention Center)	6/2	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> SWIMMING (ECC City)	6/2 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> GOLF (TBD)	5/31	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> TABLE TENNIS (Convention Center)	6/4 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> VISUALLY IMPAIRED GOLF (TBD)	5/31	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> SLED HOCKEY (TBD)	6/3 & 6/4 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> JAVELIN (ECC South)	6/1	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
HOSPITALITY				
	DATES		ENTERTAINMENT	
<input type="checkbox"/> AIRPORT/TRAIN/BUS GREETER	5/29	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> VCS BINGO	6/1
<input type="checkbox"/> BAGGAGE HANDLER	5/29	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> SUNDAY SERVICE	6/2
<input type="checkbox"/> DIRECTIONAL GREETER	5/29	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> NIAGARA FALLS TOUR* 9 A.M.-1 P.M.	5/31, 6/2/, 6/3 9 a.m.- 1 p.m.
<input type="checkbox"/> HOTEL HOSPITALITY	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> NAVAL PARK TOUR*	5/31 2pm -6pm 6/2, 6/3 10a-2p
<input type="checkbox"/> HOSPITALITY SUITE	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> NIARAGA FALLS/CASINO TOUR*	5/31, 6/2/, 6/3 6p.m.- 2:30 a.m.
<input type="checkbox"/> MEALS	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	* Volunteers may be charged a fee to attend the tours	
COMMAND CENTER				
	DATES		MEDIA CENTER	
<input type="checkbox"/> COMMAND CENTER GUARD	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> MEDIA SUPPORT	5/29-6/4 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> COMMUNICATIONS/INFORMATION	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> HOMETOWN NEWS	5/29-6/4 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> DATA MANAGEMENT	5/29-6/4	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> NEWSLETTER	5/29-6/4 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

CEREMONIES	DATES	AWARDS	DATES
<input type="checkbox"/> OPENING	5/30/13	<input type="checkbox"/> MEDAL CEREMONY 1	6/1/13
<input type="checkbox"/> CLOSING	6/4/13	<input type="checkbox"/> MEDAL CEREMONY 2	6/2/13
<input type="checkbox"/> SPONSOR'S RECEPTION	5/29/13	<input type="checkbox"/> MEDAL CEREMONY 3	6/3/13
<input type="checkbox"/> COACH'S RECEPTION	6/1/12	<input type="checkbox"/> MEDAL CEREMONY 4	6/4/13

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.).

I voluntarily and without compensation authorize pictures and/or voice recording to be made of me by or on my behalf of VA, VCS, US military publications, and other magazines, Veterans' publications, newspapers, and broadcast media, etc. while I am a volunteer in the 27th National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said pictures and/or voice recordings are intended to publicize and give recognition to the National Veterans Golden Age Games.

(Employee/Volunteer Signature)

(Date)

VOLUNTEERS BETWEEN THE AGES OF 14 AND 18 YEARS OLD must have consent by a parent or guardian. (Volunteers under the age of 14 years must be directly chaperoned). The above named student has my consent as parent/guardian to serve as a student volunteer. I also grant permission for my child to receive emergency medical treatment if injured while volunteering. I have read the above agreement as signed by my student and understand his/her obligation to the program.

(Parent/Guardian Signature)

(Date)

FOR VA WNY HEALTHCARE SYSTEM EMPLOYEES: I FURTHER UNDERSTAND THAT I MAY BE AUTHORIZED TO WORK AT THE GOLDEN AGE GAMES ON OFFICIAL DUTY DURING MY REGULAR WORK SCHEDULE (AFTER APPROPRIATE REQUEST HAS BEEN SUBMITTED TO SUPERVISOR AND APPROVED). HOURS WORKED BEYOND THE NORMAL WORKDAY OR ON WEEKENDS WILL BE CONSIDERED STRICTLY VOLUNTEER HOURS AND I UNDERSTAND THAT I WILL NOT BE PAID OVERTIME, COMPENSATORY TIME, PREMIUM PAY OR DIFFERENTIAL PAY.

(Signature of Employee/Volunteer)

(Date)

(Signature of Supervisor's Approval)

(Date)

Please submit completed application to:

**VA WNY Healthcare System
ATTN: Volunteer Department 135
3495 Bailey Ave.
Buffalo, NY 14215**