



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

VOLUNTEER SIGN OFF SHEET

By signing below I have been issued the following checked items:

REQUIRED FORMS TO BE FILLED OUT AND RETURNED

- Data Sheet
- Volunteer Application
- I-9 Employment Eligibility Verification

- Acknowledgment of Codes of Conduct and Ethics as well as Harassment/Discrimination Policy and Complain Procedures

POLICIES, PROCEDURES, AND STANDARDS

- 2019 Discrimination and Sexual Harassment Policy/Complaint Form & How to file a complaint
- 2019 Code of Ethics
- 2019 Code of Conduct
- ORDA Whistleblower
- Safety and Health Policy
- Worker's Comp Instructions
- Hazardous Communications (Right to Know)
- Social Media Policy
- Violence in the Workplace
- Domestic Violence in the Workplace
- Reasonable Accommodation Policy
- Personal Information Notification
- ORDA Expectations Regarding Youth Guests and Athletes
- Helmet Policy

also acknowledge that I have read, understand, and will abide by the above named policies, procedures, code, and instructions.

Please Print Name

Date

Signature



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DATA SHEET

NAME: _____ SS #: _____

ADDRESS: _____

WOULD YOU BE INTERESTED IN RIDE SHARING/CARPOOL? ____

HOME PHONE #: _____

CELL #: _____ EMAIL: _____

In what order should we attempt to contact you (rank 1, 2, or 3):

Email ____ Cell ____ Phone: ____

EMERGENCY CONTACT: _____

ADDRESS: _____ PHONE #: _____

RELATIONSHIP TO THE PERSON: _____

ALLERGIES/MEDICAL CONDITIONS _____

By signing below, I hereby authorize ORDA to use the above information for business/emergency purposes and for ORDA to contact me and/or my emergency contact via the methods provided.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

TITLE: _____ GRADE: _____

PAY RATE: _____ DATE OF HIRE: _____

RETIREMENT # _____



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VOLUNTEER APPLICATION

NAME: _____
Last First Mid Init.

ADDRESS: _____
Street

City State Zip

PHONE: _____



EMAIL: _____



Do you have a driver's license? Yes No
(Answer only if applicable to job duties)



Have you been convicted of a felony in the last seven years? Yes No
 If yes, please explain: _____

WHERE ARE YOU APPLYING TO VOLUNTEER
 (PLEASE CIRCLE)

BELLEVILLE **GORE**
MOUNTAIN RESORT

 
 OLYMPIC CENTER OLYMPIC JUMPING COMPLEX

 
 OLYMPIC SPORTS COMPLEX WHITEFACE

 
 ORDA STORE ADMINISTRATION

How soon are you available? _____

Previously volunteer for ORDA? Yes No

If so, where? _____

VOLUNTEER HISTORY Start with your most recent job. Please include military assignments and volunteer work

#1 VOLUNTEERED FROM _____ TO _____ ORGANIZATION: _____
 ACTIVITIES PERFORMED: _____

#2 VOLUNTEERED FROM _____ TO _____ ORGANIZATION: _____
 ACTIVITIES PERFORMED: _____

#3 VOLUNTEERED FROM _____ TO _____ ORGANIZATION: _____
 ACTIVITIES PERFORMED: _____

SPECIAL SKILLS:

VOLUNTEER APPLICATION con't

PERSONAL AND PROFESSIONAL REFERENCES (do not use relatives):

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for volunteering as may be necessary in arriving at a decision. This includes contacting references and past employers. In the event of a favorable determination to act as a volunteer, I understand that false or misleading information provided in this application may result in termination of the volunteer relationship.

Signature

____/____/____
Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code




Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name NYS Olympic Reg. Dev. Auth.	
Employer's Business or Organization Address (Street Number and Name) 2634 Main Street	City or Town Lake Placid	State NY	ZIP Code 12946

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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**Acknowledgement of Codes of Ethics and Conduct as well as
Harassment/Discrimination Policy and Complaint Form**

NAME: _____

VENUE: _____

DEPARTMENT: _____

As a volunteer of the Olympic Regional Development Authority, I have received and read O.R.D.A.'s Discrimination and Sexual Harassment Policy, the New York State Code of Conduct, and ORDA's Ethics Policy, and understand, my obligations as a volunteer to adhere to these policies and codes.

I also acknowledge receipt of Discrimination/Complaint form and understand that if I have a complaint of harassment/discrimination, that I am to submit this form pursuant to the directions contained therein and that I may obtain another complaint form from my payroll office or the ORDA Human Resources Office.

Signature

Date

OLYMPIC REGIONAL DEVELOPMENT AUTHORITY