



David P. Burgess
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Dear EMS Provider:

Months of planning and hard work will soon result in a rewarding athletic experience for more than 1,500 athletes and coaches from across New York State return to the Greater Buffalo Area and the University at Buffalo for the 2014 Special Olympics New York Summer Games to be held June 6th through the 8th. These Games will provide athletes the opportunity to showcase the skills they have acquired through their months of training under certified volunteer coaches.

Special Olympics New York provides year-round sports training and athletic competition in over 20 sports for persons with intellectual disabilities. Founded by Dorothy Buehring Phillips, a long-time Albany resident, Special Olympics New York is the 5th largest chapter in the world, serving more than 55,000 athletes from across the state. The Special Olympics philosophy is that with appropriate instruction people with intellectual disabilities can learn the skills necessary to compete in both individual and team sports. Special Olympics rules follow that of the National Governing Body for each sport offered.

What makes Special Olympics unique is its divisioning process. Athletes are placed in divisions within each event, with other athletes of similar and ability level. Unlike "typical" sports competitions, Special Olympics awards are given to each division within each event. This provides the athletes with a close, fair, competitive experience while accommodating the wide range of ability levels within each sport. The emphasis is placed on doing your personal best, following rules and demonstrating good sportsmanship. Many people feel that Special Olympics are sports in its purest form, where athletes compete for the love of the sport and the glory of personal achievement.

The combined efforts of the Local and State Organizing Committees, along with that of the Greater Buffalo Area will provide a world-class athletic environment for one of the most important competitive events of the year. Their commitment, along with that of

community leaders, the private sector and the dedication of over one thousand local volunteers will not only be instrumental in the success of the Games, but will make a significant difference in the lives of the athletes, their families and friends.

Special Olympics New York is now in the process of recruiting local volunteer EMT's, Athletic Trainers and other allied Health Care Professionals, whether individually or as an agency, to provide on-site EMS coverage during competitive and social events. Each volunteer will be provided an official uniform shirt, free parking and personal credentials for use during the Games.

Enclosed you will find a tentative schedule of events for Summer Games. This schedule indicates our estimated staffing needs, and an Emergency Services Volunteer Application Form has also been enclosed. Please feel free to copy this information and share it with your friends, family members and members of your agency and/or department.

Completed Emergency Services Volunteer Application Form must be returned no later than May 20th by mail or e-mail directly to the Emergency Services Office, at the postal address or e-mail address provided on the top of the of the Emergency Services Volunteer Application Form. This will enable us to finalize our master staffing and confirm your assignment in writing beginning June 1st (by e-mail).

Volunteers are the driving force behind Special Olympics New York. Without people like you who give their time, Special Olympics athletes could not experience the joy and exhilaration that participation in competitive sports brings. Please consider volunteering as an Emergency Services Volunteer for the 2014 Summer Games.

Should you have any questions, please do not hesitate to contact:

David Burgess,

Special Olympics New York

Director of Emergency Services at:

Voice: (315) 463-4151 Cell: (315) 559-4885

E-Mail: david.p.burgess@verizon.net

Very truly yours,



David P. Burgess
Director of Emergency Services

DPB/b
Enclosures

SPECIAL OLYMPICS NEW YORK 2014 SUMMER GAMES

EMS SCHEDULE

** All Events and Times Are Subject To Change*

**Emergency Medical Technicians • Certified First Responders
Athletic Trainers • Health Care Providers trained in Pre-Hospital care**

SPECIAL EVENTS

Friday, June 6th

4 pm – 10 pm	Olympic Village, UB Arena/Stadium Parking Lot	2-4 EMT's
6 pm – 10 pm	Opening Ceremonies, UB Alumni Arena	6-8 EMT's

Saturday, June 7th

7 pm – 11 pm	Closing Ceremonies/Victory Dance – UB Alumni Arena	6-8 EMT's
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COMPETITION SCHEDULE

SATURDAY, JUNE 7TH

7 am – 1 pm	Athletics , UB Stadium	6 EMT's
1 pm - 6 pm	Athletics , UB Stadium	6 EMT's
8 am – 12 pm	Aquatics , UB Alumni Arena: Pool and Natatorium	2 EMT's
12 pm – 5 pm	Aquatics , UB Alumni Arena: Pool and Natatorium	2 EMT's
8 am – 1 pm	Basketball Team , UB Alumni Arena: Triple Gym/ELWPF	6 EMT's
1pm – 6pm	Basketball Team , UB Alumni Arena: Triple Gym/ELWPF	6 EMT's
9 am – 12 pm	Bowling , AMF Thruway Lanes, Cheektowaga	2 EMT's
12 pm – 3 pm	Bowling , AMF Thruway Lanes, Cheektowaga	2 EMT's
11 am – 4 pm	Gymnastics , Flips Gymnastics, Lockport	2 EMT's
9 am - 12 pm	Powerlifting , UB Student Union Center	2 EMT's
12 pm – 3 pm	Powerlifting , UB Student Union Center	2 EMT's
7:30 am – 12 pm	Tennis , UB Tennis Courts	2 EMT's
12 pm - 5 pm	Tennis , UB Tennis Courts	2 EMT's
8 am – 1 pm	Volleyball , Buffalo Niagara Court Center, West Seneca	4 EMT's
1 pm – 5 pm	Volleyball , Buffalo Niagara Court Center, West Seneca	4 EMT's
8 am – 12 pm	Olympic Village , UB Arena/Stadium Parking Lot	2 EMT's
12 pm – 4 pm	Olympic Village , UB Arena/Stadium Parking Lot	2 EMT's

RETURN COMPLETED APPLICATIONS BEFORE MAY 20TH TO:

**David Burgess
SONY Director of Emergency Services
Post Office Box 71
Syracuse, New York 13201-0071**

Assignments will be confirmed starting on June 1st

For more information contact David Burgess at (315) 463-4151
or email at David.P.Burgess@Verizon.Net



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Emergency Services Volunteer Application

PLEASE PRINT USING BLUE OR BLACK INK

PART 1 - Personal Information

Name: _____
Address: _____
City, State: _____ Zip Code: _____
Soc. Sec No.: _____ Birth date: _____ Shirt Size: _____
Phone: (Day) _____ (Eve) _____
E-Mail: _____

PART 2 - Professional Information

EMT - _____ RN or _____ MD or _____ ATC or _____
Specify Level _____ LPN _____ RPA _____ Student Trainer _____
Certification or License Number: _____ Expiration Date: _____
Other special training: _____
Blood Borne Training Date: _____ CPR Course "C" Expiration Date: _____

PART 3 - Availability

Date: _____ From _____ To _____ Preference _____
Date: _____ From _____ To _____ Preference _____
Date: _____ From _____ To _____ Preference _____

Signing of this volunteer application acknowledges that all information contained in is correct, and that you possess current New York State Health/Education Department Certification/Licensure to practice at the stated level of training, and that all pertinent

SIGNATURE: _____ Date: _____