**2018 Men’s U.S. Open Golf Championship**

**June 11th- June 17th, 2018**

**Shinnecock Hills Golf Club, 200 Tuckahoe Road, Southampton, New York**

 ***HEALTH CARE PROVIDER VOLUNTEER APPLICATION Instructions***

As preparations for the 118th U.S. Open Championship are underway, so is the health care provider recruitment. We’re asking for the support of 100 individuals to become a part of our Wellness Team.

We invite you to join our team and contribute to the continued success and tradition of our National Championship which will be held in Southampton, New York

If you are interested, please read and complete this form and return it to our office as soon as possible.

All Health Care Providers are responsible for fulfilling the following requirements:

1. Complete application in its entirety and return it to our office on or before **Tuesday , November 21st , 2017.**

2. Include a copy of your current License and Malpractice Insurance policy.

3. After submitting your paperwork, please contact our office to verify and confirm that we have received your info.

**Please return completed forms to THE OFFICE OF *DR. JEFFREY E. POPLARSKI***

**BY MAIL: P.O. Box 477, Amityville, NY 11701**

**BY FAX: 631-598-7479**

**BY EMAIL: usopenwellnessteam@gmail.com**

**IF YOU HAVE ANY QUESTIONS:**

**PLEASE CALL DR. JEFF POPLARSKI AT 631-598-7034, OR E-MAIL HIM AT** usopenwellnessteam@gmail.com

After the application is received and approved, we will be contacting you in March of 2018 to verify your availability during the week of the U.S. Open Golf Championship.

You must volunteer for two (2) shifts during the week. Each shift will last five (5) hours. The shifts will begin Monday, June 11, 2018 and go through to Sunday, June 17, 2018. Shift times will be 8:00 AM – 1:00 PM, 1:00 PM – 6:00 PM, and 10:00 AM to 3:00 PM.

The venue for the 118th U.S. Open Golf Championship is Shinnecock Hills Golf Club in Southampton, New York

We will be providing health care services at the golf course.

There will be a training session prior to the U.S. Open to advise Wellness Team volunteers of our policies and procedures, event transportation options and general event information. During this meeting you will receive your credential and information packet.

We will be communicating with you over the next 9 months via e-mail. We will be sending updates periodically concerning the 2018 U.S. Open Golf Championship. We would like you to respond to e-mails in a timely fashion. Our guideline will be that if a prospective volunteer does not respond to 2 consecutive e-mails, then we will remove you from the Wellness Team volunteer list.

The USGA and the 2018 U.S. Open Championship does not discriminate in the selection of volunteer applicants on the basis of gender, race, color, creed, age, national origin, religion or disability.

***2018 MEN’S U.S. OPEN HEALTH CARE PROVIDER VOLUNTEER APPLICATION***

**I. General Information** – **Please type or print clearly.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CARE SPECIALTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be 18 years of age or older by June 11th, 2018? **YES** or **NO**

2. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have a valid driver’s license? **YES** or **NO**

**4.** Do you have a current New York license to practice your health care specialty?  **YES** or **NO**

 License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a current malpractice insurance policy? **YES** or **NO**

Insurance Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you or have you ever been licensed to practice your health care specialty in any state other than NY.

 **YES** or **NO**

 State and License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been convicted of a crime and/or do you have any pending legal action(s) filed against you?

 **YES** or **NO** If YES, briefly explain-

**II. PREVIOUS EXPERIENCE** – **Please use the space below to list any previous volunteer experience you have at USGA Championships, other golf events or sporting events.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. SIGNATURE**

My signature below indicates my acknowledgement that the USGA may undertake a check of my background. It also confirms my understanding that my volunteer position is not guaranteed, nor if granted, guaranteed for any length of time and that the USGA may deny or end my volunteer opportunity at any time, for any reason, with or without prior notice.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. UNIFORM SHIRT- Indicate your gender and shirt size.**

**MALE FEMALE**

**Small Medium Large X-Large XX-Large**