

NATIONAL DISABLED VETERANS GOLF CLINIC

FOR VETERANS WITH VARYING DISABILITIES • IOWA CITY, IOWA • VETERANSOLFCLINIC.ORG

2025 National Disabled Veterans Golf Clinic (NDVGC) Golf Buddy Application

Please send completed registration forms by **April 4, 2025** to:

Iowa City VA Health Care System

Attn: Veterans Golf Clinic

601 Highway 6 West

Iowa City, IA 52246-2208

or email to: nicholas.beelner@va.gov

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Cell Phone:

Date of Birth:

Gender:

Male

Female

Primary Email:

Secondary Email:

T-Shirt Size:

SM

MED

LG

XL

2XL

3XL

4XL

Emergency Contact Name and Relation:

Emergency Contact Phone Number:

Your contact information will only be used to contact you about pertinent information to the NDVGC.

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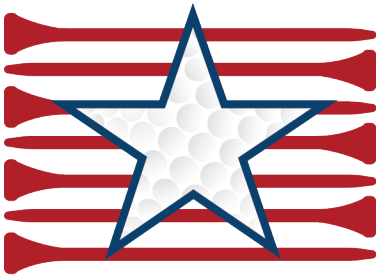
VA



U.S. Department
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DAV

KEEPING OUR PROMISE TO
AMERICA'S VETERANS



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Golf Buddy Opportunities

Golf Buddy (Monday 9/8 - Thursday 9/11 7:30a – 4p): Supports Veterans needs while on the golf course. Veterans participating in the clinic have profound disabilities including visual impairments, spinal cord injuries, traumatic brain injuries, limb-loss, Parkinson’s, multiple sclerosis, strokes, and others. They may need assistance traversing the golf course terrain, golf club selection, alignment, determining distances, and basic support to play the game.

Golf Buddies must be able to drive a golf cart and **are not allowed to golf with or for the Veteran**. As a Golf Buddy, you are expected to actively support your Veteran by getting out of the golf cart to physically assist your Veteran. Golf Buddies are responsible for taking notes for their Veteran during golf instruction and assisting their Veteran with lunch service while at their assigned golf course.

What days are you able to commit as a Golf Buddy? To provide the best and most consistent experience for the Veterans, we are encouraging commitment for the full clinic (Monday - Thursday). First consideration will be given to those who can commit Monday - Thursday.

Monday

Tuesday

Wednesday

Thursday

Do you have any physical limitations that may affect your ability to be a Golf Buddy?

No

Yes (please explain):

What is your golf skill and/or knowledge?

Novice

Intermediate

Advanced

How often do you golf?

Once a week or more

1-2 times a month

1-2 times a year

Never

What is your average score on 9 holes?

Please select preferred golf course(s): (subject to change)

Blue Top Ridge (Riverside)
(Black and Blue Team)

Pleasant Valley (Iowa City)
(Green and Purple Team)

Kalona
(Yellow Team)

Elks Lodge (Iowa City)
(Red Team)

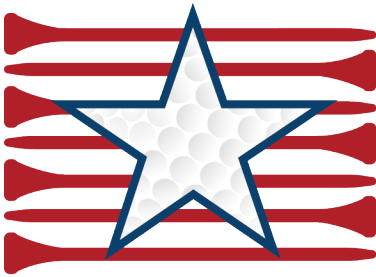
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Have you been a Golf Buddy at the NDVGC previously? No Yes

Is there a Veteran you would like to be paired with?

No Yes (Name of Veteran):

Are you willing to support alternative activities after golf? No Yes

Is there any information you would like us to know about you?

Would you like your volunteer hours registered with the host sponsor DAV (Disabled American Veterans)? *If you are a VA employee on official government time, please select no.*

No Yes

Lodging

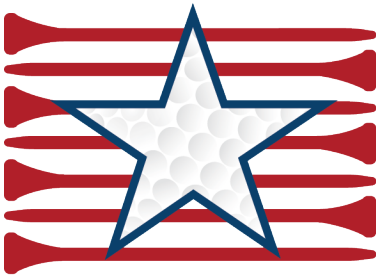
If you live outside the direct commuting area (50 miles) of the NDVGC and need lodging, please indicate the nights you will need a room. Golf Buddies will be assigned a roommate. **VA EMPLOYEES:** Lodging is only available if the commute from your assigned duty station is more than 50 miles from Riverside, Iowa.

Do you need lodging? No Yes **Room preference:** Non-Smoking Smoking

What days will you need lodging:

Sunday Monday Tuesday Wednesday Thursday

If there is someone you would like to room with, please indicate their name below:



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VA Employees Only

What is your parent facility or duty station (CBOC, etc.)?

Facility Director Name (if applicable):

Facility Director Email (if applicable):

Are you attending with a Veteran or a group of Veterans? No Yes (please list below)

Do you possess any training or experience in the following specialties?

BROS	VIST	PT	PTA	OT	COTA	Prosthetist
Chiropractic	Massage Therapy	Rec Therapy	Social Work	Psychology		Psychiatry
LPN	RN	PA	ARNP	MD		

Please list any certifications that may be of use at the golf clinic (i.e., battlefield acupuncture, acupressure, tai chi, yoga, etc.):

What type of leave will you be requesting for the NDVGC? (check one)

LA - Annual Leave

RG - Official Government Travel

LN - No Cost Government Travel

All VA employees MUST provide supervisor approval for the application to be processed.

Supervisor Name and Title:

Supervisor Signature:

Date:



VOLUNTEER INFORMATION SHEET

2025

NATIONAL DISABLED VETERANS GOLF CLINIC (NDVGC) RIVERSIDE RESORT, RIVERSIDE, IA

PLEASE RETAIN THIS SHEET FOR REFERENCING

1. Privacy Act Information: I understand all officially journalized volunteers are covered under the *PRIVACY ACT, PUBLIC LAW 93-579*, that unlawful disclosure of patient related information to unauthorized individuals is against the law and the volunteer(s) is subject to a \$5,000 fine. (The words "unauthorized individuals" means anyone).
2. I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis." I understand that this wavier applies only to compensation for specific services rendered in the Voluntary Service Program at the National Disabled Veterans Golf Clinic and has no relation to compensation for other services or benefits to which I may be entitled.
3. I understand that the National Disabled Veterans Golf Clinic has the right to terminate, at any time, my authorization to serve as a volunteer for unsatisfactory performance, unbecoming behavior/ conduct, and /or for violation of established policy and/or procedures (38 U.S.C. 513).
4. Volunteers are responsible for:
 - a. Completing the application forms in full.
 - b. Carrying out the duties of their assignment under the direction of assignment supervisor.
 - c. Completing all required training prior to the *National Disabled Veterans Golf Clinic*.
 - d. Reporting for duty in a timely manner and being prepared for the assignment.
 - e. Wearing appropriate clothing to perform their assignment.
 - f. Contacting your assignment supervisor in advance if sick or otherwise unable to report for duty.
 - g. Reporting immediately to the *National Disabled Veterans Golf Clinic* medical room if injured while on assignment.
5. Please Note:
 - a. Accepted volunteers will be provided meals.
 - b. Accepted volunteers are expected to support the program and their assignment supervisors throughout their assigned shift.
 - c. Any pertinent clinic information can be obtained at the Command Center.
 - d. Lost and found is located at the Command Center.

**NDVGC Code of Conduct
Volunteer Agreement**

The National Disabled Veterans Golf Clinic is a Department of Veterans Affairs/Disabled American Veterans co-sponsored event. The program is an outreach of the Iowa City VA Health Care System and Veterans Integrated Service Network (VISN) 23. Compliance with VA regulations and policies by staff and volunteers is expected during this program. Possessing weapons, non-prescribed drugs, drug paraphernalia, non-performance of assignment, exhibiting disruptive, abusive or unbecoming behavior, and harassment of others in any form will not be tolerated and will result in immediate expulsion from this program and will affect future involvement.

The Department of Veterans Affairs and the Disabled American Veterans work to promote a safe environment for everyone involved with the program. Observing these policies will aid in our efforts for a safe program.

Any violations will be taken to the National Disabled Veterans Golf Clinic Director who will make the final decision on what action will be taken.

Acknowledgment of Volunteer Information Sheet/Code of Conduct
(Please return this form)
by April 4, 2025

I hereby certify that I have read and understand the above information. I also acknowledge that I have specifically read and understood the information regarding #1 The Right to Privacy Act, #2 Waiving Claim to Monetary Benefits, and #3 NDVGC Code of Conduct.

SIGNATURE

DATE

PRINT NAME

Please return signature page only and keep the rest of the information for your records to reference.