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**NYOA Position: NYOA TRACK INSPECTOR**

**Positions are based on race season and reviewed annually by the NYOA Board.**

**MUST PROVIDE YOUR OUWN MACHINE TO SWEEP WITH**

**FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_**

**LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_**

**BIRTHDATE: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**PHONE NUMBER: \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race Weekend Responsibilities**

Ride the Racecourse to inspect for Course Markings, Appropriate for skill level of racer that will be on the course, and Potential race day issues sections on course.

**Race Weekend Times**

Saturday Track Ride 2-4hr

Saturday Give Feedback to Promoter’s Trail Boss or Promoter on any issues noted.

 \_\_\_\_\_\_\_\_ Pee Wee Track

 \_\_\_\_\_\_\_\_ Mini Track

 \_\_\_\_\_\_\_\_ Adult Track

PLEASE INDICATE WHICH TRACK OR TRACKS YOU PLAN TO INSPECT

**Compensation: Gate Credentials, Early Access, NYOA Associate Membership**

**NYOA Representatives hereby agree to the NYOA Code of Conduct as terms of service.**

**BIKE OR QUAD RIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR OF RIDING EXPERIENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIGHEST LEVEL OF COMPETITION AA A B C NONE**

**DO YOU HAVE ANY MEDICAL TRAINING OR CERTIFICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WHY DO YOU WANT TO BE A NYOA TRACK INSPECTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# NYOA Code of Conduct

 All representatives of NYOA, elected or hired, are expected to conduct themselves with integrity and honesty. They are expected to be positive role models. Quick to listen and approachable to anyone who needs their assistance.

NYOA representatives must be aware that they represent our organization to a diverse group of people. NYOA representatives must be mindful of their speech and refrain from using profanity when inappropriate. All NYOA representatives are expected to work for the improvement of our series. The spreading of negative rumors, half-truths, or slandering of the organization and/or its representatives for the purpose of causing harm is unexpectable. Disagreements and differences of opinions are to be handled as adults, with honest conversation and with due process.

# Violations of the Code of Conduct

Violations are divided into 2 levels: Minor infractions and Major infractions. The level of Infraction shall be determined by the NYOA Board

**Minor level infraction procedures:**

**The First** offense will be treated as a teachable moment. The individual will be given a verbal warning/instruction by a NYOA official. The incident and corrective action taken must be brought to the attention of the NYOA Boards.

**The Second** offense will be a written/documented conversation with the individual with 2 or more of the Executive Board. The individual will be put on probation for the remainder of their term. Documentation will be of the incident that was addressed as well as the expectation communicated to the individual for the future. Also, individuals will be made aware that another offense may result in their removal from their role in NYOA.

**Third** offense with the same individual may result in removal from role in the organization. Removal from the role would be executed by the Board for all positions that report to the Board. Elected positions removal will be done by a special meeting of the ALT.

**Major level infraction procedures:**

Major level infraction are things considered detrimental to the organization. This will be determined by the Board and then a recommendation of action will be brought before the ALT to be voted on.

# NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_­­­­­­­\_\_\_\_\_\_