



PART VI - REFERENCES

Please list two non-family member references below (Please list complete address)

*Name:		*Name:	
*Address:		*Address:	
*State:	*Zip:	*State:	*Zip:
*Phone:		*Phone:	

PART VII – Health Information

****Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.**

Please mark if you have any of the following conditions and provide details:

<input type="checkbox"/> Special Dietary Needs:	<input type="checkbox"/> Epilepsy or Seizure Disorder:
<input type="checkbox"/> Allergies:	<input type="checkbox"/> Neurological Condition:
<input type="checkbox"/> Assistive or Implantable Devices:	<input type="checkbox"/> Diabetes:
<input type="checkbox"/> High Blood Pressure:	<input type="checkbox"/> Sickle Cell Anemia/Trait:
<input type="checkbox"/> Heart Condition:	<input type="checkbox"/> Chronic Infection:
<input type="checkbox"/> Asthma or Respiratory Condition:	<input type="checkbox"/> Missing Organ:
<input type="checkbox"/> Mental Health Condition:	<input type="checkbox"/> Other Health Conditions:

PART VIII - ACKNOWLEDGEMENT & SIGNATURE

I understand and agree to the following:

- The information that I have provided may be verified, and I give permission to SOMA to make inquiry of others concerning my application to act as a SOMA volunteer, and I fully release SOMA from any liability resulting from the verification process;
- I understand that SOMA specifically has my permission (both during participation and anytime thereafter) to use my likeness, name, voice, and words in television, radio, film, newspaper, magazines, and any other media, and in any form, to promote activities of Special Olympics Massachusetts;
- I understand that if a medical emergency should arise during my participation in any SOMA activity and I am not able to give my consent for treatment for any reason, that SOMA is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization;
- I understand that SOMA reserves the right, in its sole judgment, to deny an applicant who it determines poses a potential threat to the safety or integrity of themselves or others.

I affirm that I have read the above and that the information I have given is true, complete, and correct. I understand that omitting requested information or reporting information that is false may result in my immediate disqualification from participating in Special Olympics Massachusetts.

***Applicant Signature _____ *Signature Date: _____**

(must be handwritten):

This form will expire three (3) years from date of signature.

Please check that you have completed the following:

- Volunteer Application (All Applicable Sections)
- Signed All Applicable Sections
- General Orientation (<http://specialolympicsma.org/General>)
- Online Protective Behaviors (www.specialolympics.org/protectivebehaviors)



Criminal Offender Record Information (CORI) Acknowledgement Form

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Special Olympics of Massachusetts, Inc. ("SOMA") is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to SOMA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing SOMA with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: SOMA may conduct subsequent CORI checks within one year of the date this form was signed by me, provided, however, that SOMA must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

*

SIGNATURE
(must be handwritten)

*

DATE

THIS FORM MUST BE RETURNED IN PERSON TO A SOMA CORI AUTHORIZED REPRESENTATIVE.



SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

Check here if information is the same as on Page 1

*First Name:		Middle Initial:	
*Last Name:		Suffix (Jr., Sr., etc.):	
Former Last Name(s) or other Alias(es) (if applicable):			
*Date of Birth:		Place of Birth:	
<small>Social security numbers are always kept confidential.</small>			
* Last SIX digits of Social Security Number:		- <input type="checkbox"/> No Social Security Number	
Sex:	Height:	feet	inches
			Eye Color:
			Race:
Driver's License of ID Number:		State of Issue:	
Father's Full Name:			
Mother's Full Name:			
*Current Street Address:			
Apt. # or Suite:	*City:	*State:	*Zip:

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

*Verified by: _____

Print Name of Verifying SOMA CORI Authorized Representative

Signature of Verifying SOMA CORI Authorized Representative
(must be handwritten)

*Date: _____

Submit Original to:
Special Olympics Massachusetts
ATTN: Business Ops
512 Forest Street
Marlborough, MA 01752



**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT
FOR COMMUNICABLE DISEASES**

(“Agreement”) for

SPECIAL OLYMPICS

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Massachusetts their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____