



Special Olympics MA Class A Volunteer Form (For Those 18 Years or Older)

New Volunteer Existing Volunteer Renewing Class A

All fields with asterisks and all highlighted signature fields are REQUIRED

| PART I - CONTACT INFORMATION | | | |
|---|---|--|---------------------|
| *First Name: | Middle Initial: | *Last Name: | |
| *Date of Birth: | *Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Employer: | |
| *Address: | | | Apartment #: |
| *City/Town: | | *State: | *Zip Code: |
| *Home Phone: | Cell Phone: | Email: | |
| *Emergency Contact: | | <input type="checkbox"/> Cell or <input type="checkbox"/> Home | |
| <small><i>*Social security numbers are always kept confidential</i></small> | | *Emergency Contact Phone: | |
| *Social Security Number (required for national background check and CORI*): - - | | | |

| PART II – DRIVER’S LICENSE <i>(if applicable)</i> |
|---|
|---|

Driver’s license numbers are required for those who transport non-family athletes or use of SOMA vehicles.
Driver License #: _____ **State Issued:** _____

| PART III - VOLUNTEER TYPE |
|---------------------------|
|---------------------------|

Please check off all that apply:

- | | | |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Unified Partner | <input type="checkbox"/> Chaperone | <input type="checkbox"/> Coach |
| <input type="checkbox"/> GMT Member | <input type="checkbox"/> Medical | <input type="checkbox"/> Staff/Intern |
| <input type="checkbox"/> Local Program Coordinator | <input type="checkbox"/> Driver | <input type="checkbox"/> LETR |

Local Program Name (If known): _____

| PART IV - PROTECTIVE BEHAVIORS |
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Protective Behaviors must be completed every 3 years at www.specialolympics.org/protectivebehaviors.
 Have you completed Protective Behaviors? Yes No If yes, Date completed: _____

| PART V - REFERENCES |
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|---------------------|

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

| | | | |
|------------------|--------------|------------------|--------------|
| *Name: | | *Name: | |
| *Address: | | *Address: | |
| *State: | *Zip: | *State: | *Zip: |
| *Phone: | | *Phone: | |



PART VI - BACKGROUND INFORMATION

Please answer the questions below. If you answer "Yes" to any, please attach a written explanation.

1. Do you use illegal drugs? Yes No
2. Have you ever been convicted of a criminal offense? Yes No
3. Have you ever been criminally charged with neglect, abuse or assault? Yes No
4. Has your driver's license ever been suspended or revoked? Yes No

Background verification, inclusive of a Criminal Offender Record Information (CORI) check, will be performed by Special Olympics Massachusetts in accordance with federal, state and local law. Special Olympics Massachusetts will inform you of the results and give you an opportunity to respond. Special Olympics Massachusetts reserves the right to re-evaluate your candidacy in light of the seriousness of the offense and the amount of time since it occurred and may choose to not permit you to serve as a volunteer based upon this evaluation.

PART VII - 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: | |
| <i>Social security numbers are always kept confidential.</i> | | | |
| * 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