



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

New Volunteer Existing Volunteer Renewing Class A

PART I - CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Address: _____ Apartment #: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Social Security Number (required for national background check and CORI*): _____ - _____

**Social security numbers are always kept confidential*

PART II – DRIVER’S LICENSE (if applicable)

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

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

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

Name	Mailing Address	State	Zip	Phone Number
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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: _____

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/go/>)



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

DATE

THIS FORM MUST BE RETURNED IN PERSON TO A SOMA CORI AUTHORIZED REPRESENTATIVE.
IT MUST NOT BE MAILED OR FAXED TO SOMA OR ANY OTHER ORGANIZATION.



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: _____
(MM/DD/YYYY) (City/Town & State)

* Last **SIX** digits of Social Security Number: ____ - ____ - ____ No Social Security Number
Social security numbers are always kept confidential.

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

* Current Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Information below this line is to be completed by a SOMA CORI Authorized Representative only.

SUBJECT VERIFICATION

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

Verified by: _____
Print Name of Verifying Employee/CORI Authorized Representative

Signature of Verifying Employee/CORI Authorized Representative

Date: _____