

**Class A Volunteer Form  
 (For Those 17 and younger)**

New Volunteer     Existing Volunteer Renewing Class A

**Part I – Contact Info**

<b>*First Name:</b>		<b>Middle Initial:</b>	<b>*Last Name:</b>	
<b>*Date of Birth:</b> <small>Click here to enter a date.</small>			<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>*Address:</b>			<b>Apartment #:</b>	
<b>*City/Town:</b>		<b>*State:</b>	<b>*Zip Code:</b>	
<b>*Home Phone:</b>	<b>Cell Phone:</b>		<b>Email:</b>	
<b>*Emergency Contact:</b>		<b>*Emergency Contact Phone:</b>		

**Part II – Volunteer Type**

**Please check off all that apply:**

Unified Partner                       Chaperone                       Coach                       Intern

**Local Program Name (if known):** \_\_\_\_\_

**Part III – References**

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

<b>*Name:</b>		<b>*Name:</b>	
<b>*Address:</b>		<b>*Address:</b>	
<b>*State:</b>	<b>*Zip:</b>	<b>*State:</b>	<b>*Zip:</b>
<b>*Phone:</b>		<b>*Phone:</b>	

**Part IV – Background Information**

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

- Do you use illegal drugs?  Yes     No
- Have you ever been convicted of a criminal offense?  Yes     No
- Have you ever been criminally charged with neglect, abuse or assault?  Yes     No
- Has your driver’s license ever been suspended or revoked?  Yes     No

**Part V – Acknowledgement and 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.

**\*Applicant Signature (must be handwritten):** \_\_\_\_\_ **\*Signature Date** \_\_\_\_\_

**\*Parent Guardian Signature (must be handwritten):** \_\_\_\_\_ **\*Signature Date** \_\_\_\_\_

*Both Signatures are required  
 This form will expire three (3) years from date of signature, or when applicant turns 18*