



Special Olympics MA New Class A Form Instruction Sheet

Before completing the following Class A form, please carefully read this section to address any questions

Q: On page four where it says “Subject Verification” – what is that and who needs to sign it?

A: This section is for either SOMA Staff, or any current Class A certified volunteer to verify your identity in person. Any Class A certified volunteer is a “SOMA CORI Authorized” representative and can sign off on this. **This can include any coach or local program coordinator who has a current Class A on file. Please note this field MUST be signed/dated in order for the class A to be valid.** Please contact Ops@SpecialOlympicsMA.org to connect you with a SOMA CORI Authorized representative if you are unsure who to go to.

Q: What do I do once my identity is verified and the Class A form is fully complete?

A: After your identity has been verified, mail your original form to Special Olympics MA at 512 Forest Street, Marlborough, MA 01752.

Q: Why has the SOMA Class A Form changed?

A: The new form meets both Special Olympics Incorporated volunteer screening policies, and mandatory Massachusetts state CORI (Criminal Offender Record Information) laws and regulations.

Q: I already have a valid Class A on file that expires in the future. Does this mean I have to fill this new Class A form out and submit it now?

A: No – any Class A that is currently on file and signed before 2016 will cover you until the expiration date. Anyone whose current form expires after January 1st, 2016 will then need to fill out the new class A form. If you are a current coach, you can check your Class A status in our [Coaches Online Database](#)

Q: Which fields do I need to fill out?

A: Any field marked with an asterisk, and any signature highlighted MUST be filled out.

Q: Do I need to fill in the driver’s license area?

A: You only need to fill that out if you transport non-family athletes or operate any SOMA vehicles.

Q: I am not sure when I last took my protective behaviors – how can I check?

A: You can either check our [Coaches Online Database](#) if you are a coach, or ask the Business Operations Department at Ops@SpecialOlympicsMA.org.

Q: Can I use electronic signatures for any of the required signature field?

A: No – all signatures must be handwritten. The other sections of the form can be typed into – we have both fill in Word and PDF documents which can be downloaded on our [Forms](#) page.



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: <small>Click here to enter a date.</small>		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Address:		Apartment #:	
*City/Town:		*State:	*Zip Code:
*Home Phone:	Cell Phone:		Email:
*Emergency Contact:		<input type="checkbox"/> Cell or <input type="checkbox"/> Home	
*Emergency Contact Phone:		*Emergency Contact Phone:	
<small>*Social security numbers are always kept confidential</small>			
Social Security Number (required for national background check and CORI): - -			

PART II – DRIVER’S LICENSE (if applicable)
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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:		*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/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
(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: Click here to enter a date.		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