



Please print neatly. All fields are required.

Local Program: _____

Form with fields for Last Name, First Name (no nicknames), Middle Name, Social Security Number, Sex, Date of Birth, Home Street Address, Apt #, City/Town, State, ZIP Code, Home Phone #, E-Mail Address, Emergency Contact Name, and Emergency Contact Phone #.

Please answer the questions below. If you answer Yes to any question, please attach an 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 []
5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse? Yes [] No []

Please list two references who are not related to you:

Name: _____ Home Phone: _____ Work Phone: _____
Complete Address: _____
E-mail Address: _____

Name: _____ Home Phone: _____ Work Phone: _____
Complete Address: _____
E-mail Address: _____

I understand that SPECIAL OLYMPICS MASSACHUSETTS (SOMA) has been certified by the Criminal History Systems Board and may conduct a record check for conviction information concerning this application at any time;
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 I am responsible for informing SOMA of any changes regarding the application information;
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, for the purpose of advertising or communicating the purposes and activities of SOMA and/or applying funds to support those purposes and activities;
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 in a medical situation I am to follow the advice of the Medical Director and failure to do so may result in action including but not limited to, my dismissal from the activity;
I understand that I must follow the SOMA Volunteer Code of Conduct at all times during my participation at any SOMA activity.
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.

Signed _____ Date _____

Parent/Guardian _____ Date _____
(If applicant is under the age of 18 or has been assigned a legal guardian, the signature of a parent or legal guardian is required.)

THE ORIGINAL OF THIS APPLICATION MUST BE ON FILE WITH SOMA
A COPY MUST BE SUBMITTED TO SOMA HEADQUARTERS, 450 MAPLE STREET, BUILDING 1, DANVERS, MA 01923
This form will expire three (3) years from date of signature.