



MA Voluntary Self-Exclusion Form

Type or print (in ink) all information requested on this form. You may bring this completed form to any designated agent for review or complete the form with a designated agent. For a list of designated agents and locations, please visit our website at massgaming.com/vse

SECTION 1: PERSONAL INFORMATION (*) Denotes a Required Field

*Term of Exclusion	Six Months	One Year	Three Years	Five Years	Lifetime	<i>(Only eligible for lifetime term once another term has been completed)</i>
*Term Expires	<input type="text"/>					
<i>(Please Note: Enrollees must participate in an exit interview upon term expiration in order to be removed from VSE)</i>						
*First Name	<input type="text"/>		* Last Name	<input type="text"/>		
*Home Address	<input type="text"/>					*Photograph <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;">2x2 recent color photo</div>
*City/Town	<input type="text"/>					
*State	<input type="text"/>					
*Postal Code	<input type="text"/>					
*Country	<input type="text"/>					
*Primary Number	<input type="text"/>					
*Email Address	<input type="text"/>					
Player Card Number	<input type="text"/>					

SECTION 2: PHYSICAL DESCRIPTION AND OTHER IDENTIFYING INFORMATION

*Gender	Female	Male	Height	Ft <input type="text"/>	In <input type="text"/>	*Date of Birth	<input type="text"/>
*Social Security Number	<input type="text"/>						
-OR-							
*ID Type	Green Card	License	Passport	Other	<input type="text"/>		
*Issuing State/Country	<input type="text"/>				*ID Number	<input type="text"/>	
*Race	White	Asian (e.g., Chinese, Filipino, Indian)		American Indian or Alaskan Native			
	Black /African American	Native Hawaiian or other Pacific Islander		Other (Specify) <input type="text"/>			
Are you of Hispanic Origin?	Yes	No					



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SECTION 3: MA-VSEP APPLICATION QUESTIONS

Answers to the following questions help us evaluate and improve the Voluntary Self-Exclusion Program to better serve enrollees.

1. Briefly, why are you signing up for the Voluntary Exclusion Program? (Choose all that apply)

- Because I can't control my gambling
- Because I don't want to lose any more money gambling
- Because I need a barrier to keep me from entering casinos
- Because I'm worried that I will be tempted to enter the casino
- Because I have a gambling problem
- Because I am depressed or distressed about my gambling
- Because I feel pressured to gamble when my friends and/or family gamble
- Because I want to improve my relationship with my family and/or friends
- Because my family or friends asked me to sign up
- Because my family or friends are making me sign up
- Because I want to support my family / friends who are also signing up
- Other reasons (specify)

2. What prompted you to sign up for the Voluntary Exclusion Program **today**, in particular?

3. In the past 12 months, on what type of game have you lost the most money?

- Casino slot, keno, or video poker machines
- Casino table games (other than poker)
- Other casino games (specify)
- Betting on sports with friends / Office pools
- Betting on horse or dog races
- Playing games of physical skill for money, such as pool, golf, or bowling
- Playing poker, chess, or other games of mental skill for money (not at a casino)
- Playing slot machines (not at a casino)
- Playing the lottery, keno, instant Lotto games, or instant scratch tickets (not at a casino/slots parlor)
- Playing fantasy sports (for money)



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Gambling on the Internet (for money – other than fantasy sports)

Other non-charity, non-casino gambling (specify)

Gambling at a non-profit gathering/event (e.g., church bingo game, fundraiser, etc.)

4. Approximately how often in the past 12 months have you *gambled at* the following locations?

	Never	A couple of times	Less than once a month	About once a month	A couple times a month	Weekly	A couple times a week	Daily or more
a. Slots parlor / casino in Massachusetts (e.g., Plainridge Park Casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Slots parlor / casino in a state neighboring Massachusetts (i.e., NH, VT, NY, CT, RI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other slots parlor / casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How recently did you place your last bet?

- Within the last week
- Within the past month
- 1-2 months ago
- 3-11 months ago
- More than a year ago

6. What are the primary reasons that you gamble? (Choose all that apply)

- I gamble for the feeling of excitement I get
- I gamble to get money I need
- I gamble because others around me are gambling
- I gamble because I have a good time
- I gamble because I feel lonely
- I gamble because it's challenging
- I gamble because it's an important part of my social life
- I gamble because I feel sad or depressed
- I gamble for other reasons (specify)

7. Taking all of your wins and losses over the past 12 months together, how much money, if any, have you lost in the past 12 months due to gambling?

\$

8. In the past 12 months, what is the largest amount of money you have lost gambling on any *one* day?

\$

9. In the past 12 months, have you ever needed to get more money in the middle of a gambling outing? (For example, after beginning gambling, have you used an ATM or gotten a cash advance on a credit card while at a casino?)

- Yes
- No



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10. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?
- Yes
 No
11. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- Yes
 No
12. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?
- Yes
 No
13. Are you planning to quit gambling now that you are entering the Voluntary Exclusion Program?
- Yes, all gambling
 Yes, casino gambling
 Yes, gambling at Plainridge
 No
14. What is your annual household income from all sources, before taxes?
- Less than \$20,000
 \$20,000 but less than \$30,000
 \$30,000 but less than \$40,000
 \$40,000 but less than \$50,000
 \$50,000 but less than \$60,000
 \$60,000 but less than \$75,000
 \$75,000 but less than \$100,000
 \$100,000 but less than \$125,000
 \$125,000 but less than \$150,000
 \$150,000 or more
15. What is your current employment status? (Choose all that apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> Employed full-time (non-temporary) | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed part-time (non-temporary) | <input type="checkbox"/> Looking for work; Unemployed | <input type="checkbox"/> Maternity Leave |
| <input type="checkbox"/> Employed temporarily | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Illness / Sick Leave |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Temporarily laid off | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Other (specify) | <input type="text"/> | |



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16. Are you of Hispanic Ethnicity? (i.e., Spanish, Latino, Mexican, Chicano, Puerto Rican, Cuban or other Hispanic origin)

- No, not Spanish / Hispanic / Latino
- Yes

17. What is your race? (Choose all that apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian (e.g., Chinese, Filipino, Indian)
- Native Hawaiian or other Pacific Islander
- Other (Specify) _____

18. Are you currently married, separated, divorced, widowed, or never married?

- Married
- Separated
- Divorced
- Widowed
- Never married

19. (If not married) Are you currently living with someone in a marriage-like relationship?

- Yes
- No

20. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?

- Yes
- No

21. Have you or any member of your immediate family ever worked in the gambling industry?

- No
- Yes, I have worked in the gambling industry but am not currently working in the industry
- Yes, I am currently working in the gambling industry
- I have NOT worked in the gambling industry, but a member of my immediate family HAS



COMMONWEALTH OF MASSACHUSETTS
MA VOLUNTARY SELF-EXCLUSION FORM

Massachusetts Gaming Commission
101 Federal Street, 12th Floor
Boston, MA 02110

SECTION 4: TERMS AND CONDITIONS

(initial here) I understand that by placing my name on the Voluntary Self-Exclusion list, I am prohibited from entering the gaming area of a gaming establishment (“Casino”) or any area in which pari-mutuel or simulcasting wagers are placed for the duration of the exclusion period.

(initial here) I understand that this Self-Exclusion Agreement applies to all gaming establishments licensed by the Commission in Massachusetts, any affiliates of the gaming licensee, whether within Massachusetts or another jurisdiction, and that the Commission may share the list with other domestic or international gaming jurisdictions resulting in placement on those lists.

(initial here) I am submitting this application voluntarily of my own free will, free from outside influences, and I am doing so understanding the effects of my decision.

(initial here) I am not presently under the influence of drugs, an alcoholic beverage, or suffering from a mental health condition that impairs my ability make an informed decision.

(initial here) I acknowledge one or more of the following apply: (a) I identify as a problem gambler as an individual who believes their gambling behavior is currently, or may in the future without intervention, cause problems in their life or on the lives of the their family, friends, and/or co-workers; (b) I feel that my gambling behavior is currently causing problems in my life or may, without intervention, cause problems in my life; or (c) there is some other reason why I wish to add my name to the list.

(initial here) I acknowledge this Self-Exclusion request is irrevocable during the _____ time period selected in Section 1. (An individual may only select the lifetime duration if their name has previously appeared on the Voluntary Self-Exclusion list for at least six months.)

(initial here) I understand I may be refused entry and/or ejected from the gaming area of a gaming establishment (“Casino”) by the gaming licensee, an agent of the Commission, or law enforcement personnel.

(initial here) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment for the duration of the exclusion period.

(initial here) I understand that any and all rewards and points earned through my player reward program to date shall be forfeited.

(initial here) I agree that should I violate the agreement to refrain from entering a gaming area of a gaming establishment or any area in which pari-mutuel or simulcasting wagers are placed during the exclusion period (“The Excluded Area”), I will notify the Commission of such violation within 24 hours of my presence within The Excluded Area; and agree to release the Commonwealth of Massachusetts, the MGC, the Licensee, and all affiliated employees from any claims associated with my breach of this agreement.



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SECTION 4: TERMS AND CONDITIONS (continued)

_____ (initial here)
I understand that upon expiration of the selected duration of exclusion, I may request removal from the list by participating in an exit session with a designated agent. My name shall remain on the list after the expiration of the selected duration of exclusion until such time when I submit a petition for removal in accordance with 205 CMR 133.04(4) and it is approved by the Commission or its designee.

_____ (initial here)
I agree to schedule and participate in an exit interview with a designated agent in order to remove myself from the list. The exit session shall include a review of the risks and responsibilities of gambling, budget setting and a review of problem gambling resources should I wish to seek them. The exit session may be scheduled by contacting the Massachusetts Council on Compulsive Gambling at 617-426-4554

If you choose, the Massachusetts Gaming Commission will notify you once your term expiration is approaching and you become eligible to participate in an exit session.

*Please check the best method of contact below should you opt in to the reminder.

_____ Email _____ Standard Mail

-OR-

_____ I do not wish to receive a reminder from the MGC

_____ (initial here)
I am aware that my signature below authorizes the Massachusetts Gaming Commission to direct all Massachusetts gaming Licensees (“Casinos”) to suspend my credit privileges for a minimum period of six months from the date of this request and indefinitely thereafter, until such time as I submit a written request to the Commission for the reinstatement of any such credit privileges.

_____ (initial here)
I understand that by placing my name on the list, I will be denied access to complimentary services or items, check cashing privileges, player reward programs, and other similar benefits to persons on the list and I will not be extended credit to the extent that I have existing credit at a gaming establishment my privileges will be suspended.

SECTION 5: RELEASE OF INFORMATION

_____ (initial here)
I understand that the MGC and its agents will release my information contained in this form to a gaming licensee (“casino”) for maintenance of the Voluntary Self-Exclusion list and/or Voluntary Self-Exclusion database. I understand that the Voluntary Self-Exclusion list is exempt from disclosure under M.G.L. c. 66, and shall not be publicly disclosed by a gaming licensee.

_____ (initial here)
I understand that a gaming licensee (“casino”) may share the Voluntary Self-Exclusion list with its affiliates in other jurisdictions for the purpose of assisting in the proper administration or responsible gaming programs operated by affiliated gaming establishments.



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(initial here)

I understand that the MGC may de-identify or anonymize information contained in the Self-Exclusion list and may further disclose this information to one or more research entities appointed by the Commission for the purpose of evaluating the effectiveness and ensuring the proper administration of the Voluntary Self-Exclusion process.

SECTION 6: CONSENT FOR RELEASE OF CONTACT INFORMATION

Yes No

The MGC is collaborating with the Cambridge Health Alliance to evaluate and improve the Voluntary Self-Exclusion Program. MGC would like to provide your contact information to the Division so they may offer you the opportunity to participate in the study. Consenting does not mean you agree to participate in the study, just that you are willing to be contacted about the study. Do you consent to the MGC providing your contact information to the Cambridge Health Alliance?

Yes No

The Massachusetts Council on Compulsive Gaming (MCCG) would like to follow up with you within one week to see how you are doing and assure you've been able to connect with addition resources if you choose. Do you consent to allow the MGC to provide your contact information to MCCG?

SECTION 7: ACKNOWLEDGEMENT

I attest that the following information which I have provided in this form is true and accurate.

Enrollee Signature _____

Enrollee Print Name _____

Date _____

Signature and Title of Designated Agent _____

Print Name _____

Date _____

(initial here)

I certify that I have been offered a copy of the "MA Voluntary Self Exclusion Form" by the processing agent.