



# Massachusetts Voluntary Self-Exclusion Enrollment Form

Please type or clearly print in ink, all information requested on this form. (\*) Denotes required field. For more information or for translated versions of this form, please visit [massgaming.com/vse](http://massgaming.com/vse)

| SECTION 1: TERM OF EXCLUSION                             |         |         |                          |   |
|--|---------|---------|--------------------------|---|
| 1 year   | 3 years | 5 years | Lifetime                 | <i>Lifetime eligible only after completion of shorter-term duration</i> |
| *Today's Date (Term Start):                              |         |         | *Reinstatement eligible: |   |
| Previously enrolled in MA VSE? (Circle One)    Yes    No |         |         |                          |   |

*Please Note: Enrollees must participate in a reinstatement session once they complete their term duration in order to be removed from the VSE list.*

| SECTION 2: PERSONAL INFORMATION |      |       |            |      |         |
|---------------------------------|------|-------|------------|------|---------|
| First Name*                     |      |       | Last Name* |      |         |
| Address*                        | Apt. | City* | State*     | Zip* | Country |
| *Phone or Email                 |      |       |            |      |         |

| SECTION 3: IDENTIFYING INFORMATION                    |   |                |
|---|---|----------------|
| Gender*   | Height  | Date of Birth* |
| Male    Female    Other _____                         |   |                |
| *Last 4 Digits Social Security Number    XXX-XX-_____ |   |                |
| *Race   | ___ White    ___ Asian (Indian, Chinese, Vietnamese)    ___ Black/African American<br>___ Native Hawaiian/Pacific Islander    ___ Native American/Alaskan Native    Other _____ |                |
| Are you of Hispanic origin? (circle one)    Yes    No |   |                |

*\*Please affix or submit 2x2" recent, passport-style color photo along with application.*

Please affix or submit photo of identification (license, passport, etc.) This does not replace the photo requirement.



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## SECTION 4: VSE OPTIONAL QUESTIONS

Answers to the following questions help the MGC to evaluate and improve the Voluntary Self Exclusion Program. Individual answers are kept confidential.

1. Why are you signing up for the Voluntary Self 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 have a gambling problem
  - Because I am depressed or distressed about my gambling
  - Because I want to improve my relationship with my family and/or friends
  - Other (please specify) \_\_\_\_\_
  
2. What prompted you to sign up for the Voluntary Self Exclusion Program today, in particular?  
\_\_\_\_\_  
\_\_\_\_\_
  
3. How did you first learn about the Voluntary Self Exclusion Program?
  - A casino staff member told me about it
  - A GameSense Advisor told me about it
  - A friend/family member told me about it
  - I saw a brochure/advertisement about it
  - Other \_\_\_\_\_
  
4. In the past 12 months, on what types of games have you lost the most money? (Choose all that apply)
  - Casino slots or video poker machines
  - Casino table games
  - Sports betting with friends or online
  - Daily Fantasy Sports
  - Lottery, Instant Lottery, Keno
  - Horse/dog racing
  - Other (please specify) \_\_\_\_\_
  
5. What are the primary reasons that you gamble? (Choose all that apply)
  - For excitement/entertainment
  - To win money
  - To escape or distract myself
  - To socialize
  - Because it makes me feel good about myself
  - Other \_\_\_\_\_



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6. In the past 12 months, what is the largest amount of money you have lost gambling on any one day?  
\$ \_\_\_\_\_
7. During the past 12 months, have you become irritable or anxious when trying to stop/cut down on gambling?
- Yes
  - No
  - Unsure
8. In the past 12 months, has your involvement gambling caused significant mental stress in the form of guilt, anxiety, or depression for you or someone close to you?
- Yes
  - No
  - Unsure
9. In the past 12 months, has your gambling caused financial problems for you or your household?
- Yes
  - No
  - Unsure
10. Are you planning to quit gambling now that you are entering the Voluntary Self Exclusion program?
- Yes
  - No
  - Unsure
11. What is your annual household income from all sources, before taxes?
- <\$15,000
  - \$15,000-\$29,999
  - \$30,000-\$49,999
  - \$50,000-\$69,999
  - \$70,000-\$99,999
  - \$100,000-\$124,999
  - \$125,000-\$149,999
  - \$150,000 or more



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12. What is your current employment status?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

13. What is your current relationship status?

- Married
- Living with partner
- Separated
- Divorced
- Widowed
- Never married

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

- Yes, now on active duty
- Yes, but not on active duty in the past 12 months
- No, training only
- No, never served

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

- No
- Yes, I currently or have previously worked in the gambling industry
- Yes, a member of my immediate family does or has previously worked in the gambling industry



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## SECTION 5: Terms and Conditions

\_\_\_\_\_ (initial) 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 until I have completed a reinstatement session at the completion of my selected exclusion period.

\_\_\_\_\_ (initial) I understand that this Voluntary 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) I understand that my information may be included on a no-marketing list maintained by the gaming establishments licensed by the Commission in Massachusetts which will be shared with junket operators, but that my inclusion on such list will not identify me as being on the Voluntary Self-Exclusion list.

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

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

\_\_\_\_\_      1 year           3 years           5 years           Lifetime

\_\_\_\_\_ (initial) I understand that 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) I understand that I may not collect any winnings or recover any losses resulting from any gaming activity at a gaming establishment during the exclusion period and until I have completed a reinstatement session.

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

\_\_\_\_\_ (initial) 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 and hold harmless 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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\_\_\_\_\_  
(initial)

I agree to release and hold harmless the Commonwealth of Massachusetts, the MGC, and all affiliated employees from any claims associated with the administration of the Voluntary Self-Exclusion list.

\_\_\_\_\_  
(initial)

I understand that I am only eligible for reinstatement upon completion of my selected duration of exclusion. I can request removal from the list by participating in a reinstatement session with a designated agent. My name shall remain on the list after the completion of the selected duration of exclusion until such time when I submit a petition for removal and it is approved by the Commission or its designee.

\_\_\_\_\_  
(initial)

I agree to schedule and participate in a reinstatement session with a designated agent in order to remove myself from the list. The reinstatement 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. A reinstatement session may be scheduled by contacting the Massachusetts Council on Gaming and Health at 800-426-1234, the Massachusetts Gaming Commission at vse@massgaming.gov or with the agent with whom you originally enrolled.

\_\_\_\_\_  
(initial)

If you choose, the Massachusetts Gaming Commission will notify you once you approach your term completion and you become eligible to participate in a reinstatement session. *Please check the best method of contact below should you opt into the reminder.*

Email \_\_\_\_\_ Standard Mail \_\_\_\_\_ No Reminder \_\_\_\_\_

\_\_\_\_\_  
(initial)

I am aware that my signature below authorizes the Massachusetts Gaming Commission to direct all Massachusetts gaming Licensees (“Casinos”) to suspend my credit privileges during my exclusion.

\_\_\_\_\_  
(initial)

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. I will not be extended credit and to the extent that I have existing credit at a gaming establishment, my credit privileges will be suspended.

## SECTION 6: Release of Information

\_\_\_\_\_  
(initial)

I understand that the MGC and its agents will release my information contained in this form to gaming licensees (“casinos”) 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)

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.

\_\_\_\_\_  
(initial)

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.



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The Massachusetts Council on Gaming and Health (MACGH) would like to follow up with you within one week to see how you are doing and to assure that you have been able to connect with additional resources. Do you consent to allow that your contact information be shared with the MACGH?

NO, I DO NOT WANT A FOLLOW UP \_\_\_\_\_

YES, EMAIL *(Please include address)* \_\_\_\_\_

YES, PHONE *(Please include number)* \_\_\_\_\_

↳ OK to leave voicemail? *(Circle One)* Yes No

↳ Best Time to call? *(Circle One)* Morning Afternoon Evening

\_\_\_\_\_  
(initial) I certify that I have been offered a signed copy of the “MA Voluntary Self Exclusion Form” by the processing agent.

\_\_\_\_\_  
(initial) I have been offered information about problem gambling resources and treatment providers. For more information, please visit [helplinema.org/problemgambling/](http://helplinema.org/problemgambling/) or call the free and confidential 24-hour helpline at 1-800-327-5050.

## SECTION 7: Acknowledgment

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

\_\_\_\_\_  
ENROLLEE PRINT NAME

\_\_\_\_\_  
ENROLLEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DESIGNATED AGENT PRINT NAME/TITLE

\_\_\_\_\_  
DESIGNATED AGENT SIGNATURE

\_\_\_\_\_  
DATE



# Massachusetts Voluntary Self-Exclusion Enrollment Form

## SECTION 8: Interpreter Information (if applicable)

**Only for persons who require an interpreter:**

The person submitting this application required the assistance of an interpreter or legal guardian in order to complete their application. The name, address, phone number, of the interpreter are listed below as well as an affirmation that the interpreter has completely and accurately communicated all instructions given by the MGC employee or its designee and that the person requesting participation in the VSE program has indicated that he/she understands the documents included in the request form.

\_\_\_\_\_

Full name of interpreter

\_\_\_\_\_

Languages Spoken

\_\_\_\_\_

Address

Email\_\_\_\_\_ Telephone\_\_\_\_\_

I, \_\_\_\_\_, through my signature below affirm, attest and acknowledge that I have served as an interpreter for \_\_\_\_\_ to assist him/her in completing this request. I affirm and attest that I have completely and accurately communicated all instructions from the MGC employee or designated agent verifying this request. The person requesting removal from the VSE list has informed me that he/she understands the documents I have assisted in explaining and has signed them in an informed condition and knows and understands all of the responsibilities associated with being removed from the VSE list.

\_\_\_\_\_

Signature of Interpreter/legal guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date