



TN SHIP/SMP IN-KIND STAFF & VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Tennessee State Health Insurance Assistance Program (TN SHIP). Volunteers play a vital role in helping educate and advocate for all Tennesseans on their Medicare benefits. The information you provide will be stored securely and confidentially. Only authorized staff will have access to your information.

SECTION I: Personal Information

Name _____

Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Phone: _____ Cell Phone: _____

E-mail: _____

For Background Check Purposes:

Social Security Number _____

Volunteer Demographics: This information is not mandatory, however our funding source requires us to recruit and retain a diverse group of in-kind staff and volunteers. This information helps us complete reporting requirements.

Gender _____ Race/Ethnicity _____ Date of Birth _____

SECTION II: Volunteer/Work Experience

Occupation (Past occupation if retired)

Previous Volunteer Experience

Certification/Degrees

SECTION III: Availability/Travel Preferences

Availability and Volunteer Assignment Preferences (*Please Check All That Are Applicable*):

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 As Needed OTHER _____

Are you willing to travel as a volunteer? Yes No

Do you have transportation of your own? Yes No

If yes, do you have a valid driver's license? Yes No

If yes, do you have up-to-date auto insurance? Yes No

If yes, would you be willing to use your own car without being reimbursed mileage? Yes No

How many miles are you willing to travel outside of your county of residence? 0-10 11-20
 21-30 31-40
 50+

In what cities, counties, or areas do you prefer to volunteer? _____

SECTION IV: Skills and Interests (please check all that apply)

Computer/Internet General Office Work One-on-One Direct Client service Writing
 Public Speaking Organizing/Scheduling Marketing Graphic Design Data Entry
 Teaching/Training Research Bi-Lingual _____
 Other (please explain): _____

SECTION V: Volunteer Levels

- Level 1 Volunteer** - Disseminate SHIP/SMP flyers and brochures, and general Medicare Information. Refer clients to SHIP/SMP for counseling.
- Level 2 Volunteer** - Report and attend community events such as health fairs and presentations. Disseminate SHIP/SMP flyers and brochures, and general Medicare information. Refer clients to SHIP/SMP for counseling.
- Level 3 Volunteer** - Provides one on one counseling, casework, and reporting. Report and attend community events such as health fairs and presentations. Disseminate SHIP/SMP flyers and brochures, and general Medicare information. Refer clients to SHIP/SMP for counseling.

SECTION VI: Program Referral

How did you hear about TN SHIP/SMP? Please check all that apply:

- TV Radio Event Newspaper
- Billboard Brochure/Poster TN SHIP/SMP staff TN SHIP/SMP Volunteer
- TN SHIP/SMP website Other (please explain): _____

SECTION VII: Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

SECTION VIII: Background Check

By signing this In-kind Staff & Volunteer Application you certify that all information provided on this application is correct to the best of your knowledge. As this volunteer role requires working with vulnerable adults, Tennessee SHIP/SMP reserves the right to perform a background check at their discretion based on the volunteer activity you will be participating in for the organization. You acknowledge and understand that you must pass all required background clearances and SHIP/SMP trainings as a condition of volunteer services with the SHIP/SMP Programs.

Volunteer Signature _____ **Date** _____

SHIP/SMP Program Use Only

- Application
- Interview
- Attended Training
- Pass Certification Exam
- Background Check Complete
- Entered as SHIPtalk User

Staff Initials _____



This publication has been created or produced by the Tennessee Commission on Aging and Disability with financial assistance in whole or in part, through a grant from the Administration for Community Living.