

SHIIP Volunteer Registration Form

Please complete the following information and return it to your local SHIIP County Coordinator. The contact information for your local SHIIP County Coordinator can be found at www.ncshiip.com or by calling SHIIP toll-free at 1-855-408-1212.

Name (First, Middle Initial, Last): _____

Business/Agency Name (if applicable): _____

Mailing Address: _____

Shipping/Physical Address (if different than mailing): _____

City: _____ Zip Code: _____

County of Residence: _____

Telephone Numbers with Area Code: Home _____ Work: _____ ext. _____

Cell: _____ Fax: _____

E-mail Address: _____ Do you have high speed internet access? _____

Are you or any of your immediate family members a licensed insurance agent or a paid financial planner? If so, give full name and relationship. _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No
If yes, explain: _____

Please list three references that your SHIIP Coordinator may contact:

Name Name Name

Telephone Number Telephone Number Telephone Number

Email Address Email Address Email Address

Relationship Relationship Relationship

Are there any other counties where you are able to provide counseling and/or outreach? If so, please list:

Are you a Medicare beneficiary? Yes No

Gender: Male Female

Are you disabled? Yes No

Date of Birth: _____

(Complete all three pages.)

Ethnicity (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> More Than One Race – Ethnicity |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Some Other Race – Ethnicity |
| <input type="checkbox"/> Hispanic, Latin or Spanish Origin | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Korean | |

What is the highest level of education you have achieved? (Please check one)

- Two-year/ Associate Degree
- Four-year Degree
- Doctorate Degree (please specify field): _____
- High School Diploma
- Master's Degree (please specify field): _____
- No High School Diploma
- Other (please specify): _____

Which types of SHIIP Volunteer Counselor activities would you prefer to be involved in? (Check all that apply)

- Booth/Exhibit at Health/Senior Fair
- Individual Counseling
- Interactive Presentation to Public
- Newspaper
- Other (ex. writing Public Service Announcements) (please specify) _____
- Radio Show
- TV/Cable Show
- Web-site events

Do you volunteer for any other services?

What skills do you have that you feel will be useful in your work as a SHIIP volunteer counselor?

Do you have any interests or hobbies you feel would benefit the SHIIP program?

Languages that you speak (Please **check all that apply**):

- | | | | |
|--|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign | <input type="checkbox"/> German | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Other | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |

Acknowledgment of Volunteer's Relationship

I, _____, agree to serve as a Certified Volunteer Counselor for
(Print Name)

the Seniors' Health Insurance Information Program (SHIIP). As a Certified Volunteer Counselor, I will try to help persons in my community with their questions and problems regarding Medicare, Medicare supplements, Medicare Advantage/Health plans (if available), Medicare Prescription Drug Plans, Medicare fraud and abuse and long-term care options.

While providing such volunteer services, I understand that I may not endorse any particular insurance company, insurance agent or other private provider of health insurance. I will also keep all consultations confidential, except for filing reports with SHIIP.

I further agree to provide volunteer services without compensation, reimbursement of expense or financial compensation of any kind.

By signing this document I give SHIIP permission to conduct a federal level criminal background check.

I confirm that if I use my vehicle for SHIIP counseling and outreach purposes I will have current automobile insurance.

Prospective SHIIP Volunteer Counselor's Signature

County

Date

COORDINATOR AND SHIIP OFFICE USE ONLY

COORDINATOR: Volunteer References Verified—Sign Your Approval: _____

Coordinators – Please make sure the form has the prospective volunteer's signature and your signature (above) verifying that you have checked all references then mail the **original form** to Jo Paul, SHIIP, 1201 Mail Service Center, Raleigh, NC 27699-1201.

SENIOR TECHNICAL ADVISOR Complete this section:

Start Date of Basic Training: _____ Volunteer Enrollment Number: _____

Completion Date of Basic Training: _____ Date Entered into Database: _____

Entered By (Staff Initials): _____ Certificate/Name Badge (Staff Initials): _____

(Form VRF 6/2017)