



# 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 IV: 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 IIV: Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**SECTION VI: 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** \_\_\_\_\_

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**SHIP/SMP Program Use Only**

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

**Staff Initials** \_\_\_\_\_