

# SHIP Volunteer Application

Name \_\_\_\_\_ Volunteer Number \_\_\_\_\_

Address \_\_\_\_\_

Home/Office/Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Male  Female

Are you retired? Yes  No

If no, where are you employed and what is your job position / description?

\_\_\_\_\_

Are you willing to travel? Yes  No.

Would you be willing to use your own car to travel? Yes  No

If so, how far – one way – would you travel? \_\_\_\_\_

In which cities, counties, or areas would you prefer to work? \_\_\_\_\_

\_\_\_\_\_

How many hours a week can you give to the SHIP / SMP Program? \_\_\_\_\_

Please indicate the hours you might be available to volunteer:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Which volunteer position(s) are you applying for? See brief description on back.

Counselor

Educator / Presenter

Project Volunteer

Clerical

Please give a few comments on why you want to do this type of volunteer work?

\_\_\_\_\_

Are you willing to firmly commit to being a SHIP Counselor? Yes  No

If yes, for how long? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Volunteer Positions Available:**

- ***Counselors***
  - Dedicated and General Counselors to provide Individual counseling on Medicare, Medicaid, health insurance, etc. Dedicated Counselors work with one specific group or organization.
  
- ***Educators / Presenters***
  - Making presentations, assisting with health fair booths, etc.
  
- ***Project Volunteers***
  - Distributing informational brochures, preparing handout packets, preparing newsletters for mail-out, etc.
  
- ***Clerical***
  - Assisting with various clerical duties, newsletters, processing telephone calls, filing, preparing educational literature, etc.

Return volunteer application to :

SHIP Volunteer Coordinator  
First TN Area Agency on Aging & Disability  
3211 N. Roan Street  
Johnson City, Tennessee 37601

## Confidentiality Statement

All consumer Protected Health information (PHI – which includes consumer medical and financial information), employee records, financial and operating data of the First TN Development District/First TN Area Agency on Aging & Disability, and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek consumer permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a consumer's presence in the office, hospital, or other medical facility, without the consumer's consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using consumer information for marketing purposes without express permission from the First TN Development District / First TN Area Agency on Aging & Disability and consumer.

The unauthorized disclosure of confidential information can subject an individual and the individuals' employer to liability. Disclosure of confidential information to unauthorized persons or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

## Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that consumer PHI and other confidential or proprietary information of the First TN Development District/First TN Area Agency on Aging & disability which I may see or hear or otherwise gain knowledge of in the course of my visit/work with the First TN Development District/First TN Area Agency on Aging & disability is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with the First TN Development District/First TN Area on Aging & Disability. This information shall not be used or disclosed to anyone unless specifically authorized by the First TN Development District/first TN Area Agency on Aging & Disability. The unauthorized use or disclosure of consumer PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

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Date

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Signature

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Print name, company and position

## BACKGROUND CHECK FORM

Name: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
FTDD Representative

\_\_\_\_\_  
Date

I, the undersigned, do hereby authorize the release of the above specific information. I have read the above and assert that this consent for release of information is given freely, voluntarily, and without coercion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This will serve as confirmation that a Criminal Check with a local law enforcement agency and a Motor Vehicle Report has been done on the above person and reveals no irregularities.

(Please check one)

Compliance \_\_\_\_\_

Non-Compliance \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Law Enforcement  
Official or District Attorney's Office

\_\_\_\_\_  
Date