



Team Member Application

Please note that the Colorado Senior Health Insurance Assistance Program (SHIP) and SMP Medicare Fraud Program do not accept applications from insurance agents, insurance brokers, or financial planners.

Applicant's Name: _____

Date: _____ **County:** _____

I. Interests and Experience

A. Which Medicare Navigators Team member position(s) are of interest to you:

- Medicare Navigator** - Provide one-on-one assistance to help people navigate all Medicare and related health insurance programs
- Medicare Part D Navigator** - Provide one-on-one assistance to help people navigate Medicare prescription drug coverage
- Outreach Assistant** - Promote community awareness about the Colorado SHIP/SMP and educate people about Medicare and related health insurance programs
- Program Assistant** - Provide administrative support, such as data entry, filing, and mailing information to clients

B. Why are you interested in volunteering with the Medicare Navigators Team?

C. Are you fluent in any language other than English (including sign language)?

Yes No *If yes, please list language(s):* _____

D. Skills and Interests (Please check all that apply.)

- Assist individuals/ One-on-one direct client service
- General Office Work
- Computer/Internet
- Public speaking with large groups
- Research
- Teaching/Training
- Data Entry
- Organizing/Scheduling
- Public speaking with small groups
- Public Relations/Communications
- Writing
- Graphic Design
- Other _____

E. Applicable Experience (include paid or volunteer experience)

Company/Organization: _____
Dates of service: From _____ to _____
Contact person: _____ Phone: _____
 Paid employee Volunteer

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Dates of service: From _____ to _____
Contact person: _____ Phone: _____
 Paid employee Volunteer

F. Availability

Hours per month: 4 or less 5 to 10 More than 10

G. Do you have a valid Colorado driver's license and a vehicle with current insurance? Yes No

II. Personal Information

A. Contact Information

Name: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Email: _____
Home phone: _____ Cell phone: _____

B. Employer Information (if currently employed)

Occupation: _____

Company/Organization: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

C. Education

College/University (if any): _____

Degree/Major: _____

Dates attended: _____ Graduated? Yes No

High School: _____

Dates attended: _____ Graduated? Yes No**D. Emergency Contact**

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

E. Optional

Are you affiliated with any community groups or programs that might benefit from learning about Medicare?

 Yes No *If yes, please describe:* _____

Do you have any medical conditions you would like SHIP/SMP to be aware of?

 Yes No *If yes, please describe:* _____

Do you require any special accommodations?

 Yes No *If yes, please describe:* _____**III. References****Please list two references, who are not related to you.**

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

IV. Conflict of Interest Screening Questions

A. Are you affiliated with any of the following:

- Insurance company, agency or broker Yes No
- Financial planning service Yes No
- Health insurance claims or billing service Yes No
- Law firm or legal services organization Yes No
- Other (please describe) Yes No

B. Have you ever been convicted of a crime (other than a traffic violation)?

- Misdemeanor Felony

C. If you answered yes to any of the above, please explain: _____

V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a Medicare Navigators Team member is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain. I understand that my references and/or employers may be contacted as part of the Medicare Navigators application process. I also understand that the Colorado SHIP/SMP and its affiliates are not required to accept all applicants for placement in team member positions.

Applicant's Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Please mail or fax this form to:

