



Alabama SHIP

Volunteer Agreement

As a volunteer for the Alabama State Health Insurance Assistance Program (SHIP), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer position descriptions, handbooks, manuals, and other guidance. The Alabama SHIP, the Alabama Department of Senior Services, and the local Area Agencies on Aging (AAA) are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as a member of the SCREAM team (Specialized volunteer, Counselor, Recruiter, Educator, Administrator, Marketer), the Alabama SHIP relies upon volunteers to serve Medicare beneficiaries and their community by providing time-limited or other discreet tasks. The scope of responsibilities varies for each team member.
- I understand that my responsibilities may include providing accurate and objective counseling and assistance with Original Medicare, Medicaid and Medicare Savings Plans, Medicare health plans, Medicare prescription drug plans, and related health insurance coverage for Medicare beneficiaries, their representatives and caregivers, or persons soon to be eligible for Medicare.
- I understand that my responsibilities may include the use of internet-based programs to help clients identify and compare health and prescription drug plan options.
- I understand that my responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.
- I understand that my volunteer activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.
- I understand that I must submit monthly documentation of my activities to my Regional Coordinator.
- I understand that SHIP volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.



Confidentiality

- I understand that I will have access to certain files and other sensitive information about my clients, including medical, insurance, financial and other personal data of a sensitive or confidential nature.
- I agree to keep such information confidential and to use it only to perform my duties as a SHIP volunteer, to the extent that a client explicitly authorizes.

Non-Conflict of Interest

- SHIP volunteers cannot promote private or personal interests as they go about performing the duties described in SHIP program policies and guidelines. To comply with this requirement, I agree to the following:
 - I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.
 - I will not disclose or use confidential or other personal information obtained from a client through my association with SHIP for personal gain or the gain of my employer or any other party.

Agreement

- I agree to serve in the role(s) of _____.
- I agree to attend initial and update training programs as required.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a SHIP volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer's Signature: _____

County: _____ Date: _____

Coordinator's Signature: _____

Region: _____ Date: _____