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# Alabama SHIP

## Volunteer Application Form

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**Applicant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **County:** \_\_\_\_\_

### I. Volunteer Interests and Experience

(Please note that the Alabama SHIP does not accept applications from insurance agents, insurance brokers, financial planners, or employees of health care providers.)

#### A. SCREAM Team member position(s) of interest to you:

- Specialized volunteer** - provide topic-specific information, assistance, and referrals
- Counselor** - provide one-on-one assistance in person or by phone
- Recruiter** - help identify candidates for volunteer positions
- Educator** - give presentations and deliver training programs
- Administrator** - help with program administration tasks such as data entry, filing, roster updates, and mailings
- Marketer** - help promote the SHIP program within your community

#### B. Why are you interested in volunteering with the Alabama SHIP?

#### C. Please describe your goals as a volunteer with the Alabama SHIP.



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

- Computer/Internet
- Public speaking with large groups
- Public relations/Communications
- Teaching/Training
- Assist individuals/One-on-one direct client service
- Other \_\_\_\_\_
- Organizing/Scheduling
- Public speaking with small groups
- Research
- Writing

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

- Yes  No *If yes, please list language(s):* \_\_\_\_\_
- \_\_\_\_\_

**F. Experience (include paid and volunteer experience starting with the most recent)**

Company/Organization: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

**G. Availability**

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

Preferred days and times:

- |                                    |                                  |                                    |                                   |
|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> As Needed |                                  |                                    |                                   |

**H. Are you licensed and able to drive an automobile?  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: \_\_\_\_\_ Graduate?  Yes  No

High School: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Graduate?  Yes  No

### D. Emergency Contact

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

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_



### III. References

Please list two references, who are not related to you.

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### IV. Screening Questions

A. Are you affiliated with an insurance company, agency, or broker?  Yes  No

If yes, please explain: \_\_\_\_\_

B. Are you affiliated with a financial planning service?  Yes  No

If yes, please explain: \_\_\_\_\_

C. Are you affiliated with a health insurance claims or billing service?  Yes  No

If yes, 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 SHIP volunteer is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain.

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

**Please mail or fax this form to:**

SHIP, Alabama Department of Senior Services  
P.O. Box 301851, Montgomery, AL 36130-1851  
Fax: 334-242-5594