

NYS Senior Medicare Patrol: Volunteer Application

Contact Information

Applicant Name: _____ Birthdate: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: _____ Other phone: _____

Email address: _____

Best method and time to reach you: _____

Emergency contact name: _____ Relationship: _____

Primary phone: _____ Other phone: _____

Gender: Female Male Other N/A

Race: American Indian, Alaskan Native Asian Black or African America
 Hispanic or Latino Native Hawaiian, Other Pacific Islander White
 N/A

Do you speak any languages other than English? Please list languages:

Please tell us about your work experience, including paid and volunteer positions. If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the NYS SMP volunteer position. If you need additional space, please attach another sheet of paper.

Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____ Role: ____ Paid employee ____ Volunteer

Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____ Role: ____ Paid employee ____ Volunteer

NYS Senior Medicare Patrol: Volunteer Application (cont.)

Work Experience (cont.)

Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____ Role: Paid employee Volunteer

Please describe any skills or experience that would enable you to perform the duties of a volunteer:

Do you require any special accommodations that the NYS SMP coordinator of volunteers should be aware of? Yes No

If yes, please describe:

Are you licensed and able to drive an automobile? Yes No

If you will be driving to and from events or to conduct outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

Conflict of Interest Certain conflicts between personal interests and the interests of the NYS SMP program may exist, and could prevent a person from serving as a volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

NYS Senior Medicare Patrol: Volunteer Application (cont.)

Interest in the Senior Medicare Patrol Program

How did you learn about the NYS SMP program?

Please tell us why you would like to become a volunteer?

Please indicate the days and times that you are usually available.

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

Criminal Record Check

To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal records check. If the position for which you apply requires a criminal records check, we will ask you to complete a separate form to authorize one.

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the NYS Senior Medicare Patrol to contact the references named below with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature:

Date:

NYS Senior Medicare Patrol: Volunteer Application (cont.)

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (first, last): _____

Phone number: _____

How long known? _____

Relationship: _____

Organization: _____

Name (first, last): _____

Phone number: _____

How long known? _____

Relationship: _____

Organization: _____

Name (first, last): _____

Phone number: _____

How long known? _____

Relationship: _____

Organization: _____

Name (first, last): _____

Phone number: _____

How long known? _____

Relationship: _____

Organization: _____