SHIIP Volunteer Registration Form

Please complete the following information and return it to your local SHIIP County Coordinator. The contact information for your local SHIIP County Coordinator can be found at www.ncshiip.com or by calling SHIIP toll-free at 1-855-408-1212.

Name (First, Middle Initial, Last): ______________________________________________________

Business/Agency Name (if applicable): __________________________________________________

Mailing Address: ___________________________________________________________________

Shipping/Physical Address (if different than mailing): __________________________________

City: ____________________________________________________________________________ Zip Code: ______________________________

County of Residence: __________________________________________________________________

Telephone Numbers with Area Code: Home ___________________ Work: _______________ ext. __

Cell: ____________________ Fax: ______________________

E-mail Address: __________________________ Do you have high speed internet access? _____

Are you or any of your immediate family members a licensed insurance agent or a paid financial planner? If so, give full name and relationship. ____________________________________________________________

Have you ever been convicted of an offense against the law other than a minor traffic violation? ☐ Yes ☐ No If yes, explain: ______________________________________________________________

Please list three references that your SHIIP Coordinator may contact:

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Are there any other counties where you are able to provide counseling and/or outreach? If so, please list: ____________________________________________________________________________

Are you a Medicare beneficiary? ☐ Yes ☐ No Gender: ☐ Male ☐ Female

Are you disabled? ☐ Yes ☐ No Date of Birth: ______________________________

(Complete all three pages.)
Ethnicity (Please check one)
- American Indian or Alaska Native
- Asian
- Black or African-American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic, Latin or Spanish Origin
- Japanese
- Korean
- More Than One Race – Ethnicity
- Native American
- Other Asian
- Other Pacific Islander
- Samoan
- Some Other Race – Ethnicity
- Vietnamese
- White, Non-Hispanic

What is the highest level of education you have achieved? (Please check one)
- Two-year/Associate Degree
- Four-year Degree
- Doctorate Degree (please specify field): _____________________________________________________
- High School Diploma
- Master’s Degree (please specify field): _____________________________________________________
- No High School Diploma
- Other (please specify): ___________________________________________________

Which types of SHIIP Volunteer Counselor activities would you prefer to be involved in? (Check all that apply)
- Booth/Exhibit at Health/Senior Fair
- Individual Counseling
- Interactive Presentation to Public
- Newspaper
- Other (ex. writing Public Service Announcements) (please specify) ________________________________
- Radio Show
- TV/Cable Show
- Web-site events

Do you volunteer for any other services?
_______________________________________________________________________________________
_______________________________________________________________________________________

What skills do you have that you feel will be useful in your work as a SHIIP volunteer counselor?
_______________________________________________________________________________________
_______________________________________________________________________________________

Do you have any interests or hobbies you feel would benefit the SHIIP program?
_______________________________________________________________________________________
_______________________________________________________________________________________

Languages that you speak (Please check all that apply):
- American Sign
- Arabic
- English
- French
- German
- Italian
- Japanese
- Korean
- Mandarin
- Other
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog
- Vietnamese
Acknowledgment of Volunteer’s Relationship

I, _________________________________, agree to serve as a Certified Volunteer Counselor for (Print Name) the Seniors’ Health Insurance Information Program (SHIIP). As a Certified Volunteer Counselor, I will try to help persons in my community with their questions and problems regarding Medicare, Medicare supplements, Medicare Advantage/Health plans (if available), Medicare Prescription Drug Plans, Medicare fraud and abuse and long-term care options.

While providing such volunteer services, I understand that I may not endorse any particular insurance company, insurance agent or other private provider of health insurance. I will also keep all consultations confidential, except for filing reports with SHIIP.

I further agree to provide volunteer services without compensation, reimbursement of expense or financial compensation of any kind.

By signing this document I give SHIIP permission to conduct a federal level criminal background check.

I confirm that if I use my vehicle for SHIIP counseling and outreach purposes I will have current automobile insurance.

____________________________________________
Prospective SHIIP Volunteer Counselor’s Signature

___________________________________________
County

___________________________________________
Date

______________________________________________________________________________________________________________________________

COORDINATOR AND SHIIP OFFICE USE ONLY

COORDINATOR: Volunteer References Verified—Sign Your Approval: ____________________

Coordinators – Please make sure the form has the prospective volunteer’s signature and your signature (above) verifying that you have checked all references then mail the original form to Jo Paul, SHIIP, 1201 Mail Service Center, Raleigh, NC 27699-1201.

SENIOR TECHNICAL ADVISOR Complete this section:

Start Date of Basic Training: _________________ Volunteer Enrollment Number: _________________

Completion Date of Basic Training: _________________ Date Entered into Database: _________________

Entered By (Staff Initials): _________________ Certificate/Name Badge (Staff Initials): _________________

(Form VRF 6/2017)