

SHIIP Volunteer Registration

To help us keep the most accurate records possible, please complete the following information and return it to your SHIIP County Coordinator.

Name (First, Middle Initial, Last): _____

Mailing address: _____

Shipping address (if different than mailing): _____

City: _____ Zip Code: _____

County of Residence: _____

Telephone Numbers with area code: (Home) _____ (Work) _____
(Cell) _____ (Fax) _____

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

Can we send you all correspondence through e-mail? Yes No

Date of birth: _____

Are you or any of your immediate family members a licensed insurance agent? 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 SHIIP may contact.

Reference 1: _____
(Name, Address, Telephone Number, Relationship)

Reference 2: _____
(Name, Address, Telephone Number, Relationship)

Reference 3: _____
(Name, Address, Telephone Number, Relationship)

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

How did you learn about becoming a SHIIP Volunteer Counselor?

Friend Newspaper/Newsletter Web-site
 Radio/TV Flyer Other _____

(Please complete other side)

Are you a Medicare beneficiary? Yes No

Are you disabled? Yes No

Gender Male Female

Ethnicity (Please check one)

- American Indian or Alaska Native Asian
 Black or African-American Hispanic or Latino
 Native Hawaiian or other Pacific Islander White, not of Hispanic origin
 Other _____

What is the highest level of education you have achieved? (Please check one)

- Less than high school diploma
 High school diploma/GED
 Two-year/Associates degree
 Four-year degree
 Master's/Doctorate degree (please specify field) _____
 Other (please specify) _____

Are you a native of North Carolina? Yes No

Which topics are you most interested in? (Check all that apply)

- Medicare (Parts A and B) Medigap/Medicare supplements Medicare fraud and abuse
 QMB/SLMB/QI Other (ex. ESRD, Diabetes) Non-renewal situation
 Long-Term care Other Medicaid
 General SHIIP Information Other Prescription Drug Coverage/Assistance
 Medicare Prescription Coverage (PDP/MA-PD)
 Medicare Health Plans (Medicare Advantage)

Which types of SHIIP Volunteer Counselor activities would you prefer to be involved in? (Check all that apply)

- Individual counseling
 Speaking engagements
 Outreach (working booths/exhibits at health/senior fairs, etc.)
 Radio Shows
 TV/Cable Show
 Web-site events
 Other (ex. writing Public Service Announcements) (please specify) _____

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?

Acknowledgment of Volunteer's Relationship

I, _____, agree to serve as a Volunteer Counselor for the Seniors' Health Insurance Information Program (SHIIP). As a 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 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 employees.

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

By: _____

Prospective SHIIP Volunteer Counselor's signature

County: _____

Date: _____

COORDINATOR AND SHIIP OFFICE USE ONLY

Start date of basic training: _____

Completion date of basic training: _____

Volunteer Enrollment Number: _____

Date Entered Into Database: _____

Entered By (Staff Initials): _____

Certificate (Staff Initials): _____

References Verified (Coordinator/Staff Initials): _____

(Form Date May/07)