VINTAGE
INFORMATION | RESOURCES | ADVOCACY

PO Box 2308
Silverthorne, CO 80498
p:970.468.0295

YOURVINTAGE.ORG

Volunteer SHIP Medicare Counselor Application

Thank you for your interest in the Colorado Senior Health Insurance Program (SHIP).
Please complete all information to the best of your ability.

Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone: (Home) _____ (Cell) _____

❖ **Skills and Interests** – please check all that apply

☐ One-on-one direct client services
☐ General Office work
☐ Teaching and Education
☐ Data entry
☐ Writing articles
☐ Public Relations/Communications
☐ Graphic Design/Web development
☐ Other

❖ **Why are you interested in volunteering with the Medicare Counseling team?**

_____

_____

❖ **What applicable experience do you have? Please include paid or unpaid roles and include company names.**

_____

_____

❖ **Available hours per Month – please check one**

☐ 4 hours or less ☐ 5 hours to 10 hours ☐ 10 + hours

Do you have a personal laptop? ☐ Yes ☐ No
Do you have reliable internet? ☐ Yes ☐ No

❖ **Personal Reference**

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

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❖ **Conflict of interest** - *Please note we cannot accept applications from current insurance agents, brokers, or financial planners if license are still active due to conflict of interest.*

Are you affiliated with any of the following?

☐ Yes ☐ No Insurance company, agency, broker, financial planning service

☐ Yes ☐ No Health Insurance claims, Billing service, law firm of legal service

Other:

❖ **Declaration**

- I understand that volunteerism is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, screening, and training requirements.

  Initials ____
- I understand that as a volunteer, I do not work for any member County or NWCCOG as an employee; therefore, I am not entitled to workers' compensation benefits and will not be provided any lost wages or permanent disability benefits for my regular employment.

  Initials _____
- I declare that the information provided, and statements made in this application are true and complete to the best of my knowledge and belief.

  Initials _____
- I understand that the purpose of the training I receive as a Medicare Navigator is to provide services free of charge to Medicare beneficiaries and is not to be used for any personal monetary gain.

  Initials _____
- I understand that Vintage will run a Colorado Bureau of Investigations CBI background check on me. I release my personal information to allow them to do this.

  Initials _____

Volunteer Signature _____ **Date** _____

❖ **Emergency Contact**

Name: _____

Relationship: _____ Telephone: _____

Return form to: Jonnah Glassman Jglassman@nwccog.org For questions please call 970-315-1328