



Volunteer Application Packet



Last Revised: December 2015

Helping Medicare beneficiaries in your community understand their benefits.



Volunteer Application Packet

Dear Applicant:

Thank you for your interest in the SHIINE volunteer program. The contents of this application packet are designed to help answer common questions about the SHIINE program and to provide some information about what you can expect as a volunteer. SHIINE relies heavily on volunteers to accomplish its mission to educate and assist Medicare beneficiaries, their families, and caregivers through outreach, counseling, and education. Because the work is important, SHIINE takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

Volunteers are essential to the work of the SHIINE program. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, counsel Medicare beneficiaries, help people who have questions about health care fraud and abuse, and much more. Without volunteers, the program could not function.

The SHIINE program has high standards for its paid staff and volunteers alike. We aim to provide timely and helpful information, and to answer questions accurately and objectively. To that end, SHIINE provides thorough training and supervision for its volunteers. They receive orientation and training to enable them to carry out the tasks of their respective positions. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training.

Beyond training, SHIINE volunteers can expect their designated Regional Coordinator to provide ongoing support that includes answering questions, providing constructive feedback and direction, and checking in. SHIINE Regional Coordinators strive to give support that relies on positive, constructive, and success-oriented guidance for volunteers as they work to fulfill the SHIINE program's mission. We want them to have a positive and productive volunteer experience.

The work is challenging, interesting, and ultimately rewarding. Please take a few moments to review the other information in this application. If you decide that you want to apply for a volunteer position with the SHIINE program, complete this application form and return it to the appropriate regional coordinator listed. If you have any questions about the volunteer program or the application and screening and training process, please feel free to call the SHIINE Regional Coordinator in your area. Thanks again for your interest. We look forward to hearing from you.

About the SHIINE Volunteer Application & Screening Process

What are the steps in the application and screening process?

At a minimum, the process requires a completed application form, an interview, three reference checks and insurance license check. Depending on the position, the screening process may also include a criminal records check, driving record check, and checks on volunteer or employment background. Some applicants may be asked to provide a physician's certification of their ability to perform certain tasks. Others may be asked to verify that they have the necessary credentials to take on certain tasks.

Why are there so many steps in the process?

The SHIINE program takes seriously the safety of the program's beneficiaries and volunteers. Many of the people who use the program's services are in a vulnerable position due to illness, infirmity, and dependence. A thorough screening process enables SHIINE to maintain a safe and productive community service program with trustworthy and reliable volunteers who do not present a risk of harm to themselves and others.

Who reviews my application form?

The SHIINE Regional Coordinator and/or SHIINE Director will review your application form.

Why do you ask about conflicts of interest in the application form?

The program strives to provide objective and unbiased information and services involving Medicare and other health insurance programs. Objectivity is important to building trust with individuals and a reputation of trustworthiness in the community. To build a volunteer workforce that provides objective information and services, we ask applicants to declare if they have a financial, personal, or philosophical interest that may present a conflict with the SHIINE program's interest in maintaining its reputation for objectivity.

Why do you check references and conduct a criminal records check (for some positions)?

These types of checks are conducted for volunteer roles that we deem "positions of trust," meaning they involve access to SHIINE clients or client personal information. We check at least three personal and/or work references because they provide relevant information for the coordinators who make the acceptance and placement decisions. We also check criminal records to ensure the safety of SHIINE clients. **We conduct checks only with your consent.**

What will you do with the sensitive personal information that I provide?

We will respect and protect any information that you give us in confidence. We will share the information only with people who have a need to know it. We destroy information such as Social Security and driver license numbers when we no longer need it in the screening process.

How will I learn if I have been accepted for placement as an SHIINE volunteer?

You will receive a letter that notifies you of our decision. If we accept you for placement, the letter will also inform you about orientation and training program for new volunteers.

How long does the screening process take?

The length of time may vary depending on our ability to schedule an interview, the availability of references to take calls and answer questions, and the response time of authorities who conduct driving record checks and criminal record checks. The process could take several weeks. We will update you if the process takes longer than we expect.

Once accepted how will I be trained?

Training and orientation take place immediately following your acceptance as a SHIINE volunteer. You will be sent an Orientation Packet and Volunteer Handbook to begin learning more about the SHIINE program. These documents contain extensive information to help you start a “self-study” of online systems and websites used frequently by SHIINE volunteers. It will also guide you to our online orientation video and trainings. Your progress will be monitored closely by your Regional Coordinator who is always available to answer questions as you get comfortable with your new position as a SHIINE volunteer.

For further questions about the SHIINE screening and training process, please see the Screening Matrix and Training Matrix later in this application.



LOCAL HELP FOR PEOPLE WITH MEDICARE

Volunteer Application Form

General Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

Email address: _____

Birthdate: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary phone: () ____ - _____ Other phone: () ____ - _____

Applicant Information

1. Do you speak any languages other than English? Please list language(s):

2. 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 SHIINE volunteer position. If you need additional space, please attach another sheet of paper.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

B. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

C. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

3. Please describe any skills or experience that would allow you to perform the duties of an SHIINE volunteer.

4. Do you require any special accommodations that we should be aware of?

_____ Yes _____ No

If yes, please describe:

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

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

6. Please rate your ability level for the following:

	Very Poor	Poor	OK	Good	Very Good
Microsoft Office Programs					
Email					
Internet					

7. Certain conflicts between personal interests and the interests of the SHIINE program may exist, and could prevent a person from serving as an SHIINE 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 SHIINE 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.

Interest in the SHIINE Program

1. How did you learn about SHIINE?

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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).

A. Name (first, last): _____
Phone number: () _____ - _____ How long known? _____
Relationship: _____

B. Name (first, last): _____
Phone number: () _____ - _____ How long known? _____
Relationship: _____

C. Name (first, last): _____
Phone number: () _____ - _____ How long known? _____
Relationship: _____

Self-Assessment of Skills and Interests:

Below is a chart listing the roles available to you as a SHIINE volunteer. Please read through each of our standard roles and rank your top choices to help your regional coordinator fit you with the volunteer position(s) you will be best suited. You can refer to the Volunteer Screening Matrix and the Volunteer Training Matrix on the following pages of this application for more information about the requirements for each volunteer role. Contact your regional coordinator if you have any questions about this self-assessment or the matrices on the following pages.

My Top 3 Choices (Rank # 1, 2, and 3)	Role Descriptions	Reason for Interest (e.g., My Past Experience or Strengths in this Category)
	<p><u>Distributing information:</u> This role involves transporting and disseminating SHIINE information and materials to sites and events, may include presenting prepared copies or presenting scripted activities for small groups. Volunteers who work in this role do not engage in discussions with others about personal information or situations.</p>	
	<p><u>Assisting with administration:</u> This role involves such work as copying, filing, data entry, scheduling appointments, and placing phone calls in support of SHIINE activities. Volunteers who work in this role do not field questions from the public.</p>	
	<p><u>Staffing exhibits:</u> This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about SHIINE to the public and answer simple inquiries.</p>	

	<p><u>Making group presentations:</u> This role involves giving substantive presentations on SHIINE topics to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion.</p>	
	<p><u>Counseling:</u> This role involves direct discussion with beneficiaries about their individual situations and may include review of personal information such as Medicare Summary Notices, billing statements and other related financial and health documents.</p>	
	<p><u>Handling complex issues and referrals:</u> This role involves in-depth interactions with beneficiaries who are reporting specific instances of health care fraud, error, and abuse. Volunteers who serve in this role may act on behalf of a beneficiary to correct an error or refer suspected fraud and abuse to appropriate authorities.</p>	
	<p><u>Other Roles:</u></p> <ul style="list-style-type: none"> *Mentor *Counseling Site Coordinator *Special Projects *Volunteer Focus Group 	

Volunteer Screening Matrix

		Screening Requirements				
		Comprehensive Background Check †	Proof of Driver's License	Driver's Record Check	Proof of Auto Insurance	Certificate of Ability
Volunteer Roles	Distributing information		X*	X*	X*	X***
	Assisting with administration	**				X***
	Staffing exhibits	X	X*	X*	X*	X***
	Making group presentations	X	X*	X*	X*	X***
	Counseling	X	X*	X*	X*	X***
	Handling complex issues & referrals	X	X*	X*	X*	X***
	Other Roles	?	?	?	?	?

* Where the role involves driving, these checks are required

** Consider access to information, particularly through data entry and filing. If any access could be gained to confidential information about beneficiaries, other staff or volunteers, then the check is required

*** Consider physical requirements of carrying boxes of information, display materials, display units, setting up meeting facilities, etc., and where physical exertion is part of the role, a certificate of ability may be required, particularly where volunteer is elderly, frail, or has disabilities

† Where conducting a criminal records check requires a Social Security Number (SSN), it is collected, used for the criminal records check, then purged from the volunteer's file and the agency's records

? Depends on the nature of the work

Volunteer Training Matrix

		Training						
		Orientation	Medicare Basics & Data System Training	Foundations	Group Education	Counselor	Complex Issues & Referrals	
Volunteer Role	Distributing information	X						
	Assisting with administration	X						
	Staffing exhibits	X	X	X	X*	X**		X
	Making group presentations	X	X	X	X	X**		X
	Counseling	X	X	X		X		X
	Handling complex issues	X	X	X		X	X	X
	Other Roles	X	X	TBD	TBD	TBD	TBD	X

* For the staffing exhibits role, Chapter 1 of the Group Education Training Manual and the Appendices are recommended.

** For the staffing exhibits and making group presentations roles, Chapter 1 of the Counselor Training Manual and the Appendices are recommended.

Authorization

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 South Dakota SHIINE program to contact the references named with regard to my application to become a SHIINE 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: _____

Submitting this Application and the Next Steps

Thank you for your interest in being a SHIINE volunteer. After submitting this application, your regional coordinator will contact you about the volunteer opportunities available and to schedule an interview and orientation that highlights SHIINE’s mission and your important role as a volunteer.

To help us keep the most accurate records possible, please recheck that you have completed the entire form and **return to the appropriate SHIINE Regional Coordinator listed below.**

Eastern South Dakota

Tom Hoy
Active Generations
3801 S Western Avenue
Suite 105
Sioux Falls, SD 57105
1-800-536-8197
SHIINE@activegen.org

Central South Dakota

Dusty Rempher
Central SD SHIINE
800 E Dakota
Pierre, SD 57501
1-877-331-4834
SHIINE@centralsd.org

Western South Dakota

Debbie Stangle
Western SD SHIINE
505 Kansas City Street
Rapid City, SD 57701
1-877-286-9072
SHIINE@westriversd.org

This publication was made possible by Grant Number 90MP0229-01-00 from Administration for Community Living. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.