

SHICK VOLUNTEER/PARTNER APPLICATION

The Senior Health Insurance Counseling for Kansas (SHICK) program provides free, unbiased, confidential counseling to anyone with questions about Medicare. If you are interested in exploring volunteer/partner opportunities with SHICK, please complete the following application.

Notice: We will only use your personal information to contact you with requests or information you'll need as a SHICK volunteer/partner. We won't share your contact information outside the SHICK program without your permission unless we're obligated by law to disclose it.

Applicant's Name: _____

Date: _____ **County:** _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

A. Which of the following SHICK positions interest you? (Check all that apply)

- Medicare Counselor** – Provides basic information and counseling about Medicare Parts A, B, C, and D. Minimum requirement to be a fully-certified SHICK Counselor.
- Associate Counselor for Medicare C/D** – Provides information and counseling about Medicare managed care (Part C) and prescription drug plans (Part D).
- Associate Counselor for SMP** – Provides basic Medicare information and counseling for the Senior Medicare Patrol to educate the public on topics such as scams, fraud, abuse & misuse of Medicare. NOT a fully-certified SHICK Counselor.
- Office Assistant** – Provides administrative support including data entry and other clerical duties (generally has limited contact with the public).

B. How did you hear about SHICK?

- Newspaper ad
- SHICK presentation
- Other _____
- Radio/TV ad
- SHICK website
- Friend/Relative
- Newsletter

C. Are you fluent in any language other than English (including sign language)?

- Yes
- No

If yes, please list the language(s): _____

D. Skills and Interests (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling volunteers |
| <input type="checkbox"/> Public speaking with large groups | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Partnership Development/Marketing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Volunteer Coordination/Recruitment |
| <input type="checkbox"/> Assisting individuals/One-on-One direct client services | |
| <input type="checkbox"/> Community events coordination/participation | |
| <input type="checkbox"/> Other _____ | |

E. Availability

Hours per month: 4 or less 5 to 10 More than 10

Preferred days and times:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> As Needed | | |

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

G. Experience

Are you retired? Yes No

If you are working, what kind of work do you do? _____

If you are working, do you work with people who have Medicare? Yes No

Are you currently volunteering? Yes No

If yes, what type of volunteer activity? _____

H. Please list two references that are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

I. Are you currently affiliated with any of the following:

Insurance company, agency, broker, or agent Yes No

Financial planning service or agent (including reverse mortgages) Yes No

Health insurance claims or billing service Yes No

Law firm or legal services organization Yes No

If you answered yes to any of the above, please explain: * _____

** (Coordinator: Any "yes" response should be forwarded to the SHICK Director for review.)*

K. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a SHICK volunteer is to provide services free of charge to people with Medicare and is not to be used for my personal monetary gain.

Signature: _____ Date: _____

Please mail or fax this form to your local SHICK office at the address below.

This is what you can expect to happen next:

- The SHICK Coordinator for your area will review this application.
- The SHICK Coordinator will call you to set up an interview.
- Once you are accepted as a SHICK volunteer, you will be notified when the next training session will be offered in your area.
- If you have further questions, please call the coordinator at your local office, or the State SHICK Office at (800) 860-5260.