



Volunteer Application

Notice: SRC will only disclose your personal information to contact you with requests or information you will need as an SRC Volunteer. Unless obligated by law, we will not share your contact information outside of the agency without your permission.

Name _____ Date _____

Local Address _____ City _____ State/Zip _____

Permanent Address _____ City _____ State/Zip _____

Email _____

Phone: (Cell) _____ (Home) _____

POSITIONS OF INTEREST (Mark all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Digital Assistance | <input type="checkbox"/> Yard Clean-up |
| <input type="checkbox"/> SHICK Medicare Counselor | <input type="checkbox"/> General Help for Seniors | <input type="checkbox"/> Small Group Leader |
| <input type="checkbox"/> Senior Wheels Driver | <input type="checkbox"/> Safe Winter Walkways | |

Other _____

SPECIAL SKILLS (Mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Partnership Development/Marketing | <input type="checkbox"/> Gardening/Yard Work | <input type="checkbox"/> General Office |
| <input type="checkbox"/> Assisting Others | | <input type="checkbox"/> Writing |

Foreign Language(s) – Fluent in: _____

Other: _____

PREVIOUS WORK/VOLUNTEER EXPERIENCE (Please provide information about skills and abilities gained from previous work and/or volunteer positions):

Senior Resource Center Confidentiality Agreement for Volunteers

I understand that in the performance of my duties, I may have access to certain sensitive/confidential information about clients. The policy of the Senior Resource Center for Douglas County (SRC) is that all information that I obtain related to individual members, participants, clients, guests, or staff of SRC is confidential and may not be mentioned or released for any reason other than through the conduct of my assigned volunteer responsibilities. Prohibited activities include, but are not limited to, mentioning or disclosing:

- The names, addresses, telephone numbers, or any other information about members, participants, clients, guests, or staff.
- Information about illness or disability of members, participants, clients, guests, or staff.

I hereby agree to abide by the confidentiality policy of SRC as stated above.

I understand that a breach of this agreement will result in my immediate dismissal as an SRC volunteer.

Volunteer Name (printed) _____

Signature _____ Date _____

Volunteer Coordinator Name (printed) _____

Signature _____ Date _____



Dear Volunteer:

Thank you for your interest in the Kansas Medicare Grants volunteer program. The contents of this application packet are designed to help answer common questions about the Medicare Grants program and to provide some information about what you can expect as a volunteer. Medicare Grants relies heavily on volunteers to accomplish its mission to educate and assist Medicare beneficiaries, their families, and caregivers with questions about Medicare and other insurance, and to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education. Because the work is important, the Medicare Grants program 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 Medicare Grants programs. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, help people who have questions about Medicare, health care fraud and abuse, and much more. Without volunteers, the program could not function.

The Medicare Grants 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. You will receive orientation and training to carry out the tasks of your volunteer work. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training.

The work is challenging, interesting, and ultimately rewarding. Please take a few moments to review the materials in this packet. If you decide that you want to apply for a volunteer position with the Medicare Grants program, complete the enclosed application form and return it to your local Medicare Grants Program Coordinator. If you have need contact information for your local Coordinator, or have any questions about the volunteer program or the application and screening process, please feel free to call 1-800-432-3535 and ask for the Medicare Grants Program.

Sincerely,

Medicare Grants Staff

Kansas Medicare Grants Program
Kansas Department for Aging and Disability Services
503 S. Kansas Ave
Topeka, KS 66603

Rev. October 2021



6. 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.

7. How will I learn if I have been accepted for placement as a Medicare Grants volunteer?

You will receive an email that notifies you of your security check results. Your local program coordinator will also receive this notification. They should inform you about orientation and training program for new volunteers.

8. How long does the screening process take?

The length of time may vary depending on our ability to schedule an interview and the response time of authorities who conduct driving record checks and criminal record checks. The process could take a couple of weeks or longer.

**MEDICARE GRANTS VOLUNTEER DUTIES:
SELF-ASSESSMENT OF SKILLS AND INTERESTS**

Directions: The following are categories of jobs that Medicare Grants volunteers perform. Use this list to rank the top three categories in terms of your interest in working in this category (rank your top interest No. 1, your second interest No. 2, etc.) Then make a few notes about the reasons that each of these categories is among your top three in terms of interest. For example, do you have past experience in paid or volunteer work in one of these categories? What strengths do you bring to work in one of these areas?

My Top 3 Choices (Rank # 1, 2, and 3)	Work Category	Reason for Interest (e.g., My Past Experience or Strengths in this Category)
	Distributing information	
	Assisting with administration	
	Staffing exhibits	
	Making group presentations	
	Counseling	
	Handling complex issues and referrals	
	Other	



C. Do you require any special accommodations that the Medicare Grants program should be aware of?

Yes No

If yes, please describe: _____

D. Availability (Volunteers)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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

F. Please tell us about your work experience, including paid and volunteer positions.

Are you retired? Yes No

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

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

Are you currently volunteering? Yes No

If yes, what type of volunteer activity? _____

G. 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 Medicare Grants Regional Manager for review.)*