



Wisconsin SMP Volunteer Application

Contact Information:

Name: _____

Last Name

First Name

M.I.

Address: _____

City

State

Zip Code

Phone: _____

Primary: Home Cell Work

Alternative: Home Cell Work

Email: _____

Do you check email daily? Yes No

Do you have access to high speed internet at home? Yes No

Best Method and Time to Reach You: _____

Language(s) Spoken: _____

To ensure the safety of our volunteers and the communities we serve, all potential SMP volunteers will be asked to provide information for a background check.

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

If you will be driving to and from SMP events, you will need to provide a copy of your driver's license and insurance. This information will be collected after the interview.

Emergency Contact:

Name: _____

Phone: _____ Relation: _____

Interest in SMP Program:

You may attach a sheet of paper if you need more space to answer any question.

How did you hear about the Wisconsin SMP Program?

Tell us why you would like to be an SMP Volunteer:

Conflicts of Interest:

SMP volunteers must be able to provide unbiased information and may not recommend specific health care or other insurance policies or products to people. Please let us know if you have any connections to the insurance or healthcare industries or other potential conflicts of interest (for example, are you a licensed insurance agent?)

Work/Volunteer History:

1. Are you currently employed?

Yes No

If you are currently employed, please list your current job(s) first.

Use the remaining spaces to list any experiences (work or volunteer) relevant to the SMP volunteer position. If you need additional space, you may attach a sheet of paper.

1. Organization: _____
Position/Title: _____
Years: _____ - _____ City, State: _____
Role: Employee Volunteer Other _____
Type of Work: _____

2. Organization: _____
Position/Title: _____
Years: _____ - _____ City, State: _____
Role: Employee Volunteer Other _____
Type of Work: _____

3. Organization: _____
Position/Title: _____
Years: _____ - _____ City, State: _____
Role: Employee Volunteer Other _____
Type of Work: _____

Demographics (Optional):

This section is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are used for statistical purposes only and will not affect your application.

Gender: _____ Race/Ethnicity: _____

Other:

Which county(ies) are you interested or able to volunteer in?

(List): _____

Are you comfortable driving to an outreach event in a nearby county if you were reimbursed for your mileage? Yes No

Explain: _____

Do you have any medical conditions that may affect your ability to function as an SMP volunteer, or do you require any special accommodations that the SMP volunteer coordinator should be aware of? If yes, please describe:

Availability:

Please indicate the days and times you are usually available to volunteer with a check or X.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References:

Please provide three (3) professional or personal references we may contact regarding your qualifications.

1. Name (First, Last): _____

Relationship: _____

(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: _____ How Long Known: _____

2. Name (First, Last): _____

Relationship: _____

(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: _____ How Long Known: _____

3. Name (First, Last): _____

Relationship: _____

(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: _____ How Long Known: _____

Signature:

I hereby authorize the Wisconsin SMP to solicit references from the above named reference contacts in connection with my application for the position of SMP volunteer.

I hereby authorize the above named reference contacts to provide a reference in connection with my application for the position of SMP volunteer, and release them from any liability in regard to the same.

I certify that all information given or referred to in this application is true, complete, and correct to the best of my knowledge.

Signature

Date

Send To:

Please return signed application via mail, fax, or email to:

GWAAR – Senior Medicare Patrol
1414 MacArthur Road, Suite A
Madison, WI 53714

Fax: 866-813-0974
Email: smp-wi@gwaar.org