SHICK Senior Health Insurance Counseling for Kansas

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).
- ❒ **Call Center Operator** (available only to volunteers in the Wichita, Lawrence, and Topeka areas) – Answers the statewide SHICK hotline and forwards callers to appropriate area coordinators for assistance.
- ❒ **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.)

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

E. Availability

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

Preferred days and times:

☐ Monday	☐ Morning	☐ Afternoon
☐ Tuesday	☐ Morning	☐ Afternoon
☐ Wednesday	☐ Morning	☐ Afternoon
☐ Thursday	☐ Morning	☐ Afternoon
☐ Friday	☐ Morning	☐ Afternoon
☐ 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.

SHICK Coordinator
Sedgwick County Extension Service
7001 W 21st North
Wichita, KS 67205
316 722-1432
316-660-0199 (fax)

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.