

LA SHIIP Volunteer Application

Date _____/_____/_____

Personal Information

First Name _____ MI _____ Last Name _____

Street Address _____ Unit # _____

City _____ State _____ ZIP _____

Mailing Address _____ Unit # _____

City _____ State _____ ZIP _____

Primary Phone # (____) _____ Secondary Phone # (____) _____

Email _____@_____.

Birthday: _____/_____
 Day Month

Gender Female Male

Are you at least 18 years of age? Yes No

Do you speak languages other than English? Yes No **If so, please list:**

How Did You Hear About Us?

Friend LA SHIIP Website Radio Other (please list):
 Current Volunteer VolunteerMatch.com TV
 LA SHIIP Staff/Partner Other Website Newspaper Ad

Experience

Do you use computers or are you willing to learn? Yes No

Have you ever volunteered before? Yes No If so, where? _____

Do you receive Medicare or Medicaid benefits? Yes No

What's your work status? Employed Retired **What is your occupation?**
 Looking for Work Don't Work

Do you have an active license to sell insurance? Yes No

Emergency Contact

First Name _____ Last Name _____

Primary Phone # (____) _____ Secondary Phone # (____) _____

About You

Given there are many places to contribute your time and talents, why would you like to volunteer with the LA SHIP program?

Tell us about yourself (experience, hobbies, skills, interests, etc.).

Which of These Volunteer Activities Interest You?

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicare Counseling | <input type="checkbox"/> Special Events | <input type="checkbox"/> Administrative Assistance |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Program Marketing | <input type="checkbox"/> Team Leadership |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Other _____ |
-

Availability

Days of the Week (check one or more)

Monday Tuesday Wednesday Thursday Friday Saturday

Times of Day (check one or more)

Early Morning (Starting at 8am) Mid Afternoon (starting at 2pm)
 Mid Morning (starting at 10am) Evenings (starting at 4pm)
 Mid Day (lunch time)s Other _____

List the Louisiana parish(es) where you would like to volunteer, if you were appointed:

References (please provide us three references and alert them we may be contacting them)

Reference 1

Name: _____ Relationship: _____

Street Address _____ Unit # _____

City _____ State _____ ZIP _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Email: _____@_____. _____

Reference 2

Name: _____ Relationship: _____

Street Address _____ Unit # _____

City _____ State _____ ZIP _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Email: _____@_____. _____

Reference 3

Name: _____ Relationship: _____

Street Address _____ Unit # _____

City _____ State _____ ZIP _____

Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Email: _____@_____. _____

Criminal History Check

Background checks allow the LA SHIIP program to ensure that volunteers and the vulnerable populations we serve are protected. Your information will be kept confidential and used for this sole purpose. Having a past criminal record does not necessarily keep you from volunteering.

Legal Name (as stated on your Driver's License or ID):

First Name _____

Middle _____

Last Name _____

SSN #: - -

Date of Birth:
Day Month Year

Driver License/State ID #:

Number: _____ State: _____

Date and Place of Birth:

Month _____ Day _____ Year _____

City: _____ State: _____

Country (if outside the U.S.): _____

Gender: Female Male

I certify that all information provided my volunteer application is true to the best of my knowledge, and I authorize the Louisiana SHIIP program to conduct a criminal background check.

Signature

Date