



LOCAL HELP FOR PEOPLE WITH MEDICARE

Dear Applicant:

Thank you for your interest in the CHOICES volunteer program. The contents of this application packet are designed to help answer common questions about the program and to provide some information about what you can expect as a volunteer. The CHOICES program relies heavily on volunteers to accomplish its mission.

The SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits.

Volunteers are essential to the work of the CHOICES program. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, help people who have questions about health care, and much more. Without volunteers, the program could not function. Because the work is important, CHOICES takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

The 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. To that end, CHOICES provides thorough training and supervision for its volunteers. They receive orientation and training to enable them to carry out the tasks of their respective positions. Beyond training, CHOICES volunteers can expect their CHOICES Regional Coordinator to provide ongoing support that includes answering questions, providing constructive feedback and direction, and checking in. Through providing supervision, the CHOICES Regional Coordinators strive to give support that relies on positive, constructive, and success-oriented guidance for volunteers as they work to fulfill the SHIP program's mission.

CHOICES volunteer work is challenging, interesting, and ultimately rewarding. Please take a few moments to review the other materials in this packet. If you decide that you want to apply for a volunteer position with the CHOICES program, complete the enclosed application form and return it to the CHOICES Regional Coordinator at your local Area Agency on Aging. If you have any questions about the volunteer program or the application and screening process, please feel free to call CHOICES at 1-800-994-9422. Thanks again for your interest. We look forward to hearing from you.

Sincerely,

CHOICES Statewide & Regional Coordinators



LOCAL HELP FOR PEOPLE WITH MEDICARE

About the CHOICES Volunteer Application & Screening Process

1. What are the steps in the application and screening process?

At a minimum, the process requires a completed application form and an interview. The screening process may also include two reference checks, a criminal records check, driving records check, and checks on education or employment background.

2. Why are there so many steps in the process?

The CHOICES SHIP program takes seriously the safety of the program's beneficiaries and volunteers. Many of the people who use the program's services are in a vulnerable position due to illness, infirmity, and dependence. A thorough screening process enables the program to maintain a safe and productive community service program with trustworthy and reliable volunteers who do not present a risk of harm to themselves and others.

3. Who reviews my application form?

The CHOICES Regional Coordinator will review your completed application.

4. Why do you ask about conflicts of interest on the application form?

The program strives to provide objective and unbiased information and services involving Medicare and other health insurance programs. Objectivity is important to building trust with individuals and a reputation of trustworthiness in the community. To build a volunteer workforce that provides objective information and services, we ask applicants to declare if they have a financial, personal, or philosophical interest that may present a conflict with the program's interest in maintaining its reputation for objectivity.

5. Why do you check references and conduct background and criminal records checks?

CHOICES volunteer roles are deemed "positions of trust," meaning they involve access to clients or client personal information (see the CHOICES Volunteer Roles handout included in this packet). We check at least two personal and/or work references because they provide relevant information for the CHOICES Regional Coordinators who make the acceptance and placement decisions. We also check background and criminal records to ensure the safety of CHOICES clients. We will conduct required screenings only with your consent.

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.

7. How will I learn if I have been accepted into CHOICES New Volunteer training?

If we accept you for CHOICES volunteer training, we will inform you about attending the CHOICES New Volunteer Training, which includes a half day orientation session. Upon completion of the training, you will be required to take and pass the CHOICES exam. You will



LOCAL HELP FOR PEOPLE WITH MEDICARE

also be required to sign the CHOICES Memorandum of Understanding as a part of the CHOICES certification process.

8. How long does the screening process take?

The length of time may vary depending on our ability to schedule an interview, the availability of references to take calls and answer questions, and the response time of authorities who conduct background checks, driving records checks, and criminal records checks. The process could take a few weeks. We will update you if the process takes longer than we expect.

9. How will I learn if I have been accepted as a CHOICES volunteer?

You will receive a letter that notifies you of our decision. If we accept you as a CHOICES volunteer, the letter will provide you with placement location information, which may be at a volunteer host organization. The letter will also include notification of your three month probation period. If you are not accepted as a volunteer, you will receive a letter that explains why your volunteer service has been declined. .

CHOICES Volunteer Roles

The CHOICES program operates with a variety of volunteer roles. Information about the roles and the responsibilities connected with them are set forth in position descriptions. It is important to know that CHOICES volunteers go through a screening process because volunteers have access to beneficiaries or other vulnerable people's protected personal, health care, or financial information. CHOICES volunteer roles include:

- **Administrative support:** This role involves such work as copying, filing, data entry, and placing outbound phone calls in support of CHOICES program activity. Administrative support volunteers do not provide counseling, but may schedule appointments and/or group presentations for CHOICES team members who assist the public through counseling and outreach services.
- **Counselor:** This role involves direct confidential health insurance counseling with Medicare beneficiaries, caregivers, and/or family members about their individual situations and may include a review of personal financial and health information in order to conduct Medicare eligibility screenings and plan comparisons, and to assist beneficiaries with applying for or enrolling in Medicare related benefit programs. This role may also involve in-depth, complex interactions with beneficiaries, caregivers, and/or family members who are experiencing issues with obtaining benefits they have already been deemed eligible for. Team members who serve in this role may act on behalf of a beneficiary to correct an error or refer the beneficiary to other agencies.
- **Open Enrollment Counselor:** This role involves assisting Medicare beneficiaries and their caregivers during the annual Medicare Open Enrollment Period. Open Enrollment Counselors provide assistance with plan comparisons and enrollments into Medicare Part D or Medicare Advantage Plans. Counselors may also conduct eligibility screenings and provide application assistance for other Medicare related benefit programs. Team members who serve in this role may act on behalf of a beneficiary to correct an error or refer the beneficiary to other agencies.
- **Outreach Volunteer:** This role involves transporting and disseminating CHOICES educational and informational materials to sites and events, and may include presenting prepared copy or performing scripted activities for small groups. This role may also involve staffing information kiosks or exhibits at events such as health fairs and enrollment events. Outreach volunteers who staff exhibits or enrollment events provide general information about the program to the public and answer basic questions, but do not engage in counseling beneficiaries about their personal information or situations.
- **Presenter:** This role involves giving substantive presentations to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion. Volunteers who provide presentations do not provide counseling, but may refer audience members to CHOICES team members who provide health insurance counseling to beneficiaries. .



LOCAL HELP FOR PEOPLE WITH MEDICARE

CHOICES Volunteer Self-Assessment of Skills and Interests

Directions:

Review the following list of roles performed by CHOICES volunteers and rank your top three choices based on your interest in performing each type of work.

- In the column on the left, write a “1” next to your top interest, a “2” next to your second highest interest, and a “3” next to your third highest interest.
- In the column on the right, make a few notes about the reasons that each of these roles interests you. For example, do you have past experience in paid or volunteer work in this area? What strengths do you bring to CHOICES that would help with this role? If you are interested in helping CHOICES in a way that is not on this list, what other type of role do you have in mind?
- Return this completed self-assessment to the CHOICES Regional Coordinator together with your completed application..

My Top 3 Choices	CHOICES Roles	Why This Role Interests Me
Choose an item.	Administrative support	Click here to enter text.
Choose an item.	Counselor	Click here to enter text.
Choose an item.	Open Enrollment Counselor	Click here to enter text.
Choose an item.	Outreach Volunteer	Click here to enter text.
Choose an item.	Presenter	Click here to enter text.
Choose an item.	Other	Click here to enter text.



LOCAL HELP FOR PEOPLE WITH MEDICARE

CHOICES Team Member Application

PLEASE TYPE OR PRINT CLEARLY

Applicant Contact Information

CHOICES Team Member roles are open to community members 18 years and older regardless of race, religion, color, national origin, gender, gender identity, sexual orientation, ancestry, mental or physical disability, medical condition, political activity, marital status, or age.

Applicant name: Click here to enter text. Date of Birth (required): Click here to enter text.

Address: Click here to enter text.

Primary phone: Click here to enter text. Work phone: Click here to enter text.

Email address: Click here to enter text.

Best method and time to reach you: Click here to enter text.

Emergency contact person name: Click here to enter text.

Relationship to emergency contact: Click here to enter text.

Emergency contact primary phone: Click here to enter text. Emergency contact other phone: Click here to enter text.

Do you require any special accommodations that the CHOICES Regional Coordinator should be aware of? If yes, please describe below:

Click here to enter text.

Are you Hispanic/Latino? Yes or No: Choose an item.

Race/Ethnicity: Choose an item.

Do you speak any languages other than English? If yes, please list languages (below):

Click here to enter text.

Employment/ Volunteer History

Please tell us about your work experience, including paid and volunteer positions. Please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the CHOICES Team Member position. If you need additional space, please attach another sheet of paper.

Organization 1: Click here to enter text.

Address: Click here to enter text.

Position/Title: Click here to enter text.

Type of work: Click here to enter text.



LOCAL HELP FOR PEOPLE WITH MEDICARE

Dates of Service: Click here to enter text. Role (paid employee, volunteer, or other: Choose an item.

Will you provide CHOICES services as a part of your regular work day? If yes, you will be identified as an in-kind professional. Please ensure your employer reviews and completes the *Additional Information for In-kind Professionals* section. Choose an item.

Organization 2: Click here to enter text.

Address: Click here to enter text.

Position/Title: Click here to enter text.

Type of work: Click here to enter text.

Dates of service: Click here to enter text. Role (paid employee, volunteer, or other: Choose an item.

Organization 3: Click here to enter text.

Address: Click here to enter text.

Position/Title: Click here to enter text.

Type of work: Click here to enter text.

Dates of Service: Click here to enter text. Role (paid employee, volunteer, or other: Choose an item.

Interest in the CHOICES Program

Certain conflicts between personal interests and the interests of the CHOICES program may exist, and could prevent a person from serving as a Team Member. One example is that of a licensed health insurance agent or broker. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the program.

If you have a business or other personal interest that may create a conflict, please describe it below so we can discuss it fully during your interview.

Click here to enter text.

How did you learn about the CHOICES program?

Click here to enter text.

Please tell us why you would like to become a Team Member?

Click here to enter text.

Please indicate the days and times that you are usually available. Ex. Monday 3-5pm

Click here to enter text.

Please describe any skills or experience that would enable you to perform the duties of a Team Member.



LOCAL HELP FOR PEOPLE WITH MEDICARE

Click here to enter text.

References

Please provide two references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Reference 1 (first name, last name): Click here to enter text.

Organization: Click here to enter text.

Phone number: Click here to enter text.

How long known? Click here to enter text.

Relationship to reference: Click here to enter text.

Reference 2 (first name, last name): Click here to enter text.

Organization: Click here to enter text.

Phone number: Click here to enter text.

How long known? Click here to enter text.

Relationship to reference: Click here to enter text.

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. To ensure the safety of our clients, Team Members, and the communities we serve, applicants are required to sign the *CHOICES Consent* form, which allows CHOICES to conduct a national background and criminal records check. I authorize the Area Agency on Aging, acting on behalf of the CHOICES program, to conduct these screenings and contact the references named above with regard to my application to become a Team Member. I authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it. If you will be driving to and from CHOICES events or to conduct other outreach activities, you will need to sign the *CHOICES Driver's License and Insurance Coverage Certification* form as proof that you have a current, valid driver's license and automobile insurance coverage. Falsification of information, including material omission or misrepresentation, at any point during screening is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after acceptance to CHOICES.

Signature: /S/

Date: Click here to enter text.

Additional information for In-kind Professionals



LOCAL HELP FOR PEOPLE WITH MEDICARE

In-kind professionals should consult with their employer/supervisor before applying to participate in the CHOICES program to ensure your employer will allow you to maintain your CHOICES certification by: attending required CHOICES trainings; taking & passing CHOICES examinations; signing the CHOICES Memorandum of Understanding; and reporting the required performance activities (beneficiary, group outreach and/or media outreach contact forms), in the manner directed by the CHOICES Regional Coordinator, based upon the assistance you provided to Medicare eligible beneficiaries, their caregivers, and the general public.

As the employer/supervisor of the above stated employee, I understand the requirements of the CHOICES program.

Employer/Company: Click here to enter text.

Employer/Supervisor Printed Name: Click here to enter text.

Employer/Supervisor Email: Click here to enter text.

Employer/Supervisor Phone: Click here to enter text.

Position: Click here to enter text.

Work Telephone: Click here to enter text.

Work Email: Click here to enter text.

Business Address: Click here to enter text.

Employer/Supervisor Signature: /S.

Date: Click here to enter text.

FOR OFFICE USE ONLY

Team Member Position/Role: Click here to enter text.

Term of Service: Click here to enter text.

Team Member Host Site: Click here to enter text.

Comments: Click here to enter text.

CHOICES Consent Form

I hereby give my consent to the CHOICES Program and the Area Agency on Aging (AAA) to perform a comprehensive background check as required for the Team Member position for which I have applied. This check will include a criminal records check and reference checks. It may also include checks on my driver's license, driving record, employment history, and/or volunteer history.

I understand that I do not have to agree to this background check, but that my refusal may exclude me from consideration for this position.

I understand that the CHOICES program and the AAA will limit the information it collects to that needed to determine my suitability for particular types of CHOICES work. I also understand that the confidentiality of information collected during applicant screening is carefully protected and it may be shared with CHOICES screening/hiring authorities as needed in the determination of applicant suitability. The CHOICES program will not automatically eliminate from consideration anyone with a criminal record, but some offenses may preclude service in some roles.

Comprehensive Background Check Information

Applicant's name:

Are you an In-Kind Professional?
Yes or No:

Date of birth:

Social Security number:

Driver's license number:

Issuing state of driver's license:

Other name(s) you may be known as
(e.g., maiden name, birth name,
etc.):

Have you been convicted of a criminal offense within the past seven years, or
are you currently under a warrant or charged with any criminal offense? Yes
or No:

If "yes" please briefly give details below on the nature, location, and date of the offense. Failure to fully and accurately answer this question may lead to immediate dismissal of your application:

Signature:

Date:



LOCAL HELP FOR PEOPLE WITH MEDICARE

CHOICES Driver’s License and Insurance Coverage Certification Form

I understand, based upon my CHOICES Team Member role, I may be required to use my own vehicle in order to drive to and from CHOICES events and other outreach activities. I certify that I have a valid driver’s license and current automobile insurance coverage. In the event that my automobile insurance policy or driver’s license lapses or changes, I agree to notify my CHOICES Regional Coordinator immediately.

Will you conduct CHOICES outreach events and activities as a part of your Team Member role? Yes or No: Choose an item.

Are you licensed, have insurance, and the ability to drive a vehicle? Yes or No: Choose an item.

Applicant printed name: Click here to enter text.

Applicant signature: /S/

Date: Click here to enter text.

CHOICES Regional Coordinator signature:

Date: Click here to enter text.