



## SMP Volunteer Application

### Contact Information

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ PO Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Birth Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Shirt Size Men's \_\_\_\_\_ Women's \_\_\_\_\_

Primary phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Best method and time to reach you: \_\_\_\_\_

Emergency contact person name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Applicant Information

1. Do you speak, read, or write in any languages other than English? Please list language(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please tell us about your work experience, including paid and volunteer positions. *If you are currently employed, 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 SMP volunteer position. If you need additional space, please attach another sheet of paper.*

A. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee          \_\_\_\_\_ Volunteer          \_\_\_\_\_ Other

B. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee          \_\_\_\_\_ Volunteer          \_\_\_\_\_ Other

C. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee          \_\_\_\_\_ Volunteer          \_\_\_\_\_ Other

3. Please describe any skills, hobbies or experiences that would enable you to perform the duties of an SMP volunteer.

\_\_\_\_\_  
\_\_\_\_\_

4. 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 coordinator of volunteers should be aware of?    \_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, please describe:

5. Are you licensed and able to drive an automobile? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

*If you will be driving to and from SMP events or to conduct SMP outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.*

6. Certain conflicts between personal interests and the interests of the SMP program may exist, and could prevent a person from serving as an SMP volunteer. Examples include a licensed health insurance agent, health care provider, and financial planner. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a Medicare provider number?

\_\_\_\_\_

**Interest in the SMP Program**

1. How did you learn about the SMP program?

\_\_\_\_\_

2. Because of training that SMP Volunteers receive, are you willing to commit to a minimum of one year? \_\_\_\_\_

3. Volunteer schedules are flexible. Would you be able to attend an SMP training/meeting held once a month? \_\_\_\_\_

4. Please tell us why you would like to become an SMP volunteer.

\_\_\_\_\_  
\_\_\_\_\_

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants will be asked to consent to a criminal record check. **(This information will be kept confidential.)**

Please provide your Social Security Number: \_\_\_\_\_

**Authorization and Certification**

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the Hawaii SMP to contact the references named below with regard to my application to become an SMP volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References**

Please provide three 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).

- A. Name (first, last): \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_  
Relationship: \_\_\_\_\_
  
- B. Name (first, last): \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_  
Relationship: \_\_\_\_\_
  
- C. Name (first, last): \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_  
Relationship: \_\_\_\_\_

**After reading the SMP Volunteer Role Descriptions, I am interested in volunteering for:**  
(Please check the role that best suits what you would like to be trained in and assist us with.  
You may choose more than one role)

- 1. Assisting with Administration \_\_\_\_\_
- 2. Distributing Information \_\_\_\_\_
- 3. Staffing Exhibits \_\_\_\_\_
- 4. Making Group Presentations \_\_\_\_\_
- 5. One-on-One Counseling \_\_\_\_\_
- 6. Handling Complex Issues \_\_\_\_\_