



Massachusetts Senior Medicare Patrol

Volunteer Application

Today's Date: _____

1. Your contact information:

Applicant: _____ **Birth Date:** _____

Street Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Preferred method(s) to reach you: _____

Best time(s) to reach you: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Primary Phone: _____ Secondary Phone: _____

How did you hear about the Senior Medicare Patrol Program: _____

Tell us why you would like to volunteer with the SMP Medicare Patrol Program:

How would you like to volunteer with the Senior Medicare Patrol:

Consumer Advocate/One-on-one counselor Community Outreach and Educator

Program Ambassador Volunteer Liaison Administrative Support

Distribution of SMP literature at community events Other _____

2. Tell us a little bit about yourself:

Profession/Work Experience: _____

Are you currently employed? (Circle one) No Yes Part Time Full Time

Organization: _____ **Position:** _____

Describe any current or past volunteer experience? (See back page for additional space)

Do you have any medical conditions you'd like us to know about: Yes: _____ No _____

Do you speak any other languages besides English: _____

Can you think of any conflicts between personal interests and the interest of the SMP program that may exist?

What skills do you bring to our program: _____

How many hours would you like to volunteer? _____ per week _____ per month _____ Flexible

What are times you are generally available? (Use the grid or explain below)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you have an automobile at your disposal: Yes No Sometimes

Do you have a valid driver's license? Yes No

Are you willing to undergo a Criminal Offender Record Investigation (CORI)? Yes No

Are you willing to undergo a national background check? Yes No

3) References

Please supply us with the names and contact information for three references. None of your references should be related to you and one should be a professional contact like a teacher, employer or minister.

Reference One: _____ Association: _____

Street address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Reference Two: _____ Association: _____

Street address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Reference Three: _____ Association: _____

Street address: _____ Phone: _____

City: _____ State: _____ Zip: _____

4) Your Signature

I understand that the references listed above will be contacted and that the Elder Services of the Merrimack Valley will do a records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand this information will be held in confidence and not released to another person or agency.

Signature: _____ Date: _____

Please return this completed application to:

**Caroline Cole, coordinator of volunteers
Volunteer Office**

**Massachusetts Senior Medicare Patrol
c/o Elder Services of the Merrimack Valley, Inc.
280 Merrimack St., Suite 400, Lawrence, MA 01843**

The Massachusetts Senior Medicare Patrol and Elder Services of the Merrimack Valley, Inc. respect and support diversity of all kinds among staff, providers and clients. We do not discriminate based on age, race, color, religion, gender, sexual orientation, gender identity, disability, marital status, citizenship, national origin or veteran status. Elder Services is a private non-profit agency supported by state and federal contracts, foundations, corporations and private donations that help provide choices for older adults allowing them to remain safe at home.

