



Massachusetts Senior Medicare Patrol Program Volunteer Application

Date: _____

Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred method(s) of contact: _____

Best time(s) to contact you: _____

How did you hear about the MA Senior Medicare (SMP) Program: _____

Tell us why you would like to volunteer with the MA Senior Medicare Patrol (SMP) Program: _____

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

I understand that AgeSpan, Inc. will conduct a Massachusetts criminal 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: lprates@agespan.org

Or mail to:

Lucilia Prates-Ramos
Statewide Director
Massachusetts Senior Medicare Patrol (SMP) Program
c/o AgeSpan, Inc.
280 Merrimack St., Suite 400, Lawrence, MA 01843

The Massachusetts Senior Medicare Patrol (SMP) Program and AgeSpan, Inc. respect and support diversity of all kinds among staff, volunteers, provider, 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. AgeSpan, Inc. 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.