



Preventing Medicare Fraud

# Massachusetts Senior Medicare Patrol Program 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 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:

What would you like to do for the Senior Medicare Patrol Program?

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

Program Ambassador  Volunteer Liaison  Administrative Support

Distribution of SMP literature at community events  Other \_\_\_\_\_

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**2. Tell us a little bit about yourself:**

**Profession/Work Experience:** \_\_\_\_\_

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**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)

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

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

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**What skills do you bring to our program:**

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**How many hours would you like to volunteer?** \_\_\_\_ per week \_\_\_\_ per month \_\_\_\_ Flexible

**What are times you are generally available?** \_\_\_\_\_

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

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

**Are you willing to undergo a Massachusetts Criminal Offender Record Investigation (CORI)?**

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

### 3) Personal References

Please supply us with the names and contact information for three references. None of your references should be related to you.

**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 AgeSpan, Inc. will do 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:

**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, 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. 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.

