



Preventing Medicare Fraud

Texas SMP Volunteer Application

Contact Information

Applicant name: _____ Birth Date _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____ (Must be someone over 18 years of age)

Primary phone: () _____ - _____ Other phone: () _____ - _____

Applicant Information

Do you speak any languages other than English? Please list language(s):

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.

1. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____ Role: _____ Paid employee _____ Volunteer _____ Other _____

2. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

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Years: _____ to _____ Role: _____ Paid employee _____ Volunteer _____ Other

3. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____ Role: _____ Paid employee _____ Volunteer _____ Other

Please describe any skills or experience that would enable you to perform the duties of an SMP volunteer.

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: _____

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.

Conflict of Interest

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. One example is that of a licensed health insurance agent. 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.

Interest in the SMP Program

How did you learn about the SMP program?

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

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednes- day	Thursday	Friday	Saturday	Sunday
Morning							
After- noon							
Evening							

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal record check. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.

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 Texas 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).

Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

Texas SMP Volunteer Assurances

As a Senior Medicare Patrol (SMP) Volunteer, I understand that the program requires a commitment to the ideals of the program, and I hereby assure:

I am at least 21 years old _____ Yes _____ No

I have reliable transportation (car) _____ Yes _____ No

I will be reliable and conscientious _____ Yes _____ No

I agree to be respectful, tactful and diplomatic when working with individuals with respect to race, religion, culture, and sexual orientation _____ Yes _____ No

I understand that I may be working with confidential information and I will not share information to anyone outside the SMP program _____ Yes _____ No

I agree to participate in a criminal background check. _____ Yes _____ No

I agree to submit the required paperwork in a timely manner _____ Yes _____ No

Signature _____ **Date** _____