



## Applicant Letter

Dear Applicant:

Thank you for your interest in the Senior Medicare Patrol (SMP) volunteer program. The contents of this application packet are designed to help answer common questions about the program and to provide some information about what you can expect as a volunteer. The SMP program relies heavily on volunteers to accomplish its mission.

**The SMP mission is to educate and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.**

Because the work is important, the **SMP** program takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

Volunteers are essential to the work and success of the **SMP** program. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, help people who have questions about health care fraud and abuse, and much more. Without volunteers, the program could not function. Please see a list of the descriptions of SMP Volunteer roles contained in this packet.

The program has high standards for its paid staff and volunteers alike. We aim to provide timely and helpful information, and to answer questions accurately and objectively. To that end, the **SMP** provides thorough training and supervision for its volunteers. They receive orientation and training to enable them to carry out the tasks of their respective positions. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training.

Beyond training, **SMP** volunteers can expect their designated supervisor, or “coordinator of volunteers,” to provide ongoing support that includes answering questions, providing constructive feedback and direction, and checking in. Supervisors in the **SMP** program strive to give support that relies on positive, constructive, and success-oriented guidance for volunteers as they work to fulfill the **SMP** program’s mission. We want them to have a positive and productive volunteer experience.

The work is challenging, interesting, and ultimately rewarding. Please take a few moments to review the other materials in this packet. If you decide that you want to apply for a volunteer position with the **SMP** program, complete the enclosed application form and return it to:

Western CT Area Agency on Aging, 84 Progress Lane, Waterbury, CT 06705,  
ATTENTION: Amanda Halle. If you have any questions about the volunteer program or the application and screening process, please feel free to call us at 1 800.994.9422 or 203.757.5449 ext. 160. Thanks again for your interest. We look forward to hearing from you.

Sincerely,

Senior Medicare Patrol Team  
Western CT Area Agency on Aging  
84 Progress Lane  
Waterbury, CT 06705  
Tel: 203.757.5449/1 800 994.9422/ahalle@wcaaa.org



## About the SMP Application and Screening Process

### 1. What are the steps in the application and screening process?

At a minimum, the process requires a completed application form and an interview. Depending on the role, the screening process may also include two reference checks, a criminal records check, driving records check, and checks on education or employment background.

### 2. Why are there so many steps in the process?

The SMP program takes seriously the safety of the program's beneficiaries and volunteers. Many of the people who use the program's services are in a vulnerable position due to illness, infirmity, and dependence. A thorough screening process enables the program to maintain a safe and productive community service program with trustworthy and reliable volunteers who do not present a risk of harm to themselves and others.

### 3. Who reviews my application form?

The SMP Coordinator of Volunteers and anyone who participates in your interview will review your application form.

### 4. Why do you ask about conflicts of interest on the application form?

The program strives to provide objective and unbiased information and services involving Medicare and other health insurance programs. Objectivity is important to building trust with individuals and a reputation of trustworthiness in the community. To build a volunteer workforce that provides objective information and services, we ask applicants to declare if they have a financial, personal, or philosophical interest that may present a conflict with the program's interest in maintaining its reputation for objectivity.

### 5. Why do you check references and conduct a criminal records check (for some positions)?

These types of checks are conducted for volunteer roles that we deem "positions of trust," meaning they involve access to clients or client personal information (see the SMP Volunteer Roles handout included in this packet). We check at least two personal and/or work references because they provide relevant

information for the managers who make the acceptance and placement decisions. We also check criminal records to ensure the safety of SMP clients. We will inform you of the screening steps required for the position for which you have applied and conduct them only with your consent.

**6. What will you do with the sensitive personal information that I provide?**

We will respect and protect any information that you give us in confidence. We will share the information only with people who have a need to know it.

**7. How will I learn if I have been accepted for placement as an SMP volunteer?**

You will receive a letter that notifies you of our decision. If we accept you for placement, the letter will also inform you about orientation and training program for new volunteers.

**8. How long does the screening process take?**

The length of time may vary depending on our ability to schedule an interview, the availability of references to take calls and answer questions, and the response time of authorities who conduct driving records checks and criminal records checks. The process could take a few weeks. We will update you if the process takes longer than we expect.



## SMP Volunteer Roles

The SMP program operates with a variety of volunteer roles. Information about the roles and the responsibilities connected with them are set forth in position descriptions. It is important to know that the screening process is more demanding for those roles identified as “positions of trust.” A position of trust is one in which a volunteer has access to beneficiaries or other vulnerable people; another person’s protected personal, health care, or financial information; or money or other valuables. Common SMP volunteer roles include:

- **Information distributor:** This role involves transporting and disseminating information materials to sites and events, and may include presenting prepared copy or performing scripted activities for small groups. Volunteers who work in this role do not engage in discussions with others about personal information or situations. *It is not considered to be a position of trust.*
- **Administrative support:** This role involves such work as copying, filing, data entry, and placing outbound phone calls in support of program activity. Volunteers who work in this role do not take inbound phone calls or field questions from the public. *It is not considered to be a position of trust.*
- **Exhibitor:** This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about the program to the public and answer basic questions. *It is a position of trust.*
- **Presenter:** This role involves giving substantive presentations to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion. *It is a position of trust.*
- **Counselor:** This role involves direct discussion with beneficiaries, caregivers, and/or family members about their individual situations and may include review of personal information such as Medicare Summary Notices, billing statements, and other related financial and health documents. *It is a position of trust.*
- **Complex interactions specialist:** This role involves in-depth, complex interactions with beneficiaries, caregivers, and/or family members who are reporting specific instances of health care fraud, errors, and abuse. Volunteers

who serve in this role may act on behalf of a beneficiary to correct an error or refer suspected fraud and abuse to appropriate authorities. *It is a position of trust.*



## SMP Volunteer Self-Assessment of Skills and Interests

**Directions:** Review the following list of common roles performed by SMP volunteers and rank your top three choices based on your interest in performing each type of work.

- In the column on the left, write a “1” next to your top interest, a “2” next to your second highest interest, and a “3” next to your third highest interest.
- In the column on the right, make a few notes about the reasons that each of these roles interests you. For example, do you have past experience in paid or volunteer work in this area? What strengths do you bring to the SMP that would help with this role? If you are interested in helping the SMP in a way that is not on this list, what other type of role do you have in mind?
- Return this completed self-assessment to the SMP program together with your completed application.

My Top 3 Choices	SMP Roles	Why This Role Interests Me
	Information distributor	
	Administrative support	
	Exhibitor	
	Presenter	

	Counselor	
	Complex interactions specialist	
	Other	





# Volunteer Application

## Contact Information (please print clearly)

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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 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 or experience that would enable you to perform the duties of a volunteer.

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4. Do you require any special accommodations that the SMP coordinator of volunteers should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

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

*If you will be driving to and from events or to conduct 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 a 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 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.

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### Interest in the SMP Program

How did you learn about the SMP program?

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1. Please tell us why you would like to become a volunteer?

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### Criminal Record Check

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 records check. If the position for which you apply requires a criminal records 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 Western CT Area Agency on Aging to contact the references named below with regard to my application to become a 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 two 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: \_\_\_\_\_  
Organization: \_\_\_\_\_

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



## Driver's License and Insurance Coverage Certification Form

I, (*print name*) \_\_\_\_\_,  
certify that I have a valid driver's license and current automobile insurance coverage. In the event that  
my automobile insurance policy or driver's license lapses, I agree to notify my supervisor immediately.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent Form to Conduct Comprehensive Background Check

I hereby give my consent to the Senior Medicare Patrol/SMP program and Western CT Area Agency on Aging to perform a comprehensive background check as required for the volunteer position for which I have applied. This check will include a criminal records check and reference checks. It may also include checks on my driver's license, driving record, employment history, and/or volunteer history.

I understand that I do not have to agree to this background check, but that my refusal may exclude me from consideration for this position.

I understand that the SMP program and Western CT Area Agency on Aging will limit the information it collects to that needed to determine my suitability for particular types of volunteer work. I also understand that the confidentiality of information collected during volunteer screening is carefully protected and it may be shared with SMP screening/hiring authorities as needed in the determination of volunteer suitability. The presence of a criminal record is not an automatic disqualifier from a SMP volunteer work. The nature of the offense, when it occurred, and other pertinent information are considered in combination with all other information gathered in the screening process, and the acceptance decision is based on an overall assessment of the qualifications and appropriateness of the candidate for the role in question.

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### Comprehensive Background Check Information

Applicant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Issuing state of driver's license: \_\_\_\_\_

Other name(s) you may be known as (e.g., maiden name, birth name, etc.):

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The SMP program will not automatically eliminate from consideration anyone with a criminal record, but some offenses may preclude service in some volunteer roles.

Have you been convicted of a criminal offense within the past seven years, or are you currently under a warrant or charged with any criminal offense? If “yes” please briefly give details below on the nature, location, and date of the offense. Failure to fully and accurately answer this question may lead to immediate dismissal of your application.

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



## SMP Application Packet Check List

Use this check list to ensure you have completed and returned all the necessary documents related to the SMP Volunteer position.

- Applicant Letter
- About the SMP Application and Screening Process
- SMP Volunteer Roles
- Volunteer Application: Complete and return
- SMP Volunteer Self-Assessment of Skills and Interest: Complete and return
- Driver's License and Insurance Certification Form: Complete and return
- Consent Form to Conduct Comprehensive Background Check: Complete and return only if you are applying for a roles that is designated as a "position of trust" such as Exhibitor, Presenter, Counselor, Complex Interaction Specialist