



The Virginia State Health Insurance Assistance Program (SHIP)

Appendix N Volunteer Application

Please note that the Virginia Insurance Counseling and Assistance Program (VICAP) does not accept applications from insurance agents, insurance brokers, or financial planners.

Date: _____ Applicant's Name: _____

1. Interests and Experience

A. Which VICAP volunteer position(s) are of interest to you?

- ◆ **Counselor:** Provides one-on-one assistance to help people navigate Medicare and related health insurance programs
- ◆ **Outreach Assistant:** Educates the community about VICAP, Medicare, and related health insurance programs
- ◆ **Marketer:** Promotes community awareness of VICAP, its services, and volunteer opportunities
- ◆ **Part D Specialist:** Provides one-on-one assistance to help people navigate Medicare prescription drug coverage
- ◆ **Administrative Assistant:** Provides administrative and program support, including data entry and other clerical duties
- ◆ **Specialized Counselor:** Provides one-on-one assistance about a specific health insurance topic
- ◆ **Site Manager:** Provides overall leadership and management for a satellite site

B. Why are you interested in volunteering with VICAP?

(use additional page if needed)

C. Are you fluent in any language other than English (including sign language)?

Yes No - *if yes, please list language (s):* _____

D. Skills and Interests (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling |
| <input type="checkbox"/> Public speaking to large groups | <input type="checkbox"/> Public speaking to small groups |
| <input type="checkbox"/> Public relations/Communications | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |

- a. General Office Work
- b. Assist individuals/One-on-one direct client service
- c. Other _____

E. Experience (include paid and volunteer experience starting with the most recent)

Company/Organization: _____

Dates of service: From _____ to _____

Supervisor: _____ Phone: _____

- Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Supervisor: _____ Phone: _____

- Paid employee Volunteer

F. Availability

Hours per month 4 to 10 More than 10

Preferred days and times:

Day(s) of the week: _____

Time: _____ to _____ (indicate AM or PM)

How many weeks a month: _____

As needed: (indicate days and times available)

G. Transportation

Do you have a current license and have a reliable car for transportation?

- Yes No

2. Personal Information

A. Contact Information

Name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

B. Employer Information (if currently employed)

Occupation: _____

Company/Organization: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

C. Education

College/University (if any): _____

Degree/Major: _____

Dates attended: _____ Graduated? Yes No

High School: _____

Dates attended: _____ Graduated? Yes No

D. Emergency Contact

Name: _____

Relationship: _____

Home phone: _____ Cell phone: _____

Optional

Do you have any medical conditions you would like VICAP to be aware of?

Yes No

If yes, please describe: _____

Do you require any special accommodations?

Yes No

If yes, please describe: _____

3. References

Please list two references, who are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

4. Conflict of Interest Screening Questions

A. Are you affiliated with any of the following? Please circle your answer.

Insurance company, agency or broker	Yes	No
Financial planning service	Yes	No
Health insurance claims or billing service	Yes	No
Law firm or legal services organization	Yes	No
Other (<i>please describe the business</i>)	Yes	No

B. Have you ever been convicted of a crime or offense? Yes No

C. If you answered yes to any of the above, please explain:

5. Declaration

I declare that the information provided, and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a VICAP Team member is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain. I also understand that VICAP is not required to accept all applicants for placement in team member positions.

Applicant's Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Please return, mail or fax this form to:

Thank you for your interest in volunteering with VICAP.



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Appendix O Volunteer Team Member Agreement

As a Virginia Insurance Counseling and Assistance Program (VICAP) volunteer team member, I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: position descriptions, handbooks, manuals, and other guidance. VICAP, Division for Community Living, Office for Aging Services, and local Area Agencies on Aging are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my position will be taken at my own personal risk.

Nature of Volunteer Team Member Service

VICAP relies upon volunteers and paid staff to provide local help for people with Medicare. The scope of responsibilities varies for each team member. I understand that as a member of the VICAP Volunteer Team:

My responsibilities may include providing accurate, objective counseling and assistance with issues related to Medicare, Medicaid, supplemental health insurance, long-term care insurance, and other health insurance topics for Medicare beneficiaries, their representatives and caregivers, or people who will soon be eligible for Medicare.

My responsibilities may include using internet-based programs to help clients identify and compare health and prescription drug plan options.

My responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.

My team member activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.

I must submit monthly documentation of my activities to my VICAP Coordinator.

VICAP Volunteer Team members provide services free of charge to any clients who seek assistance from the program.



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Appendix P

Consent Form

I hereby give my consent to VICAP and **City of Alexandria** to perform a comprehensive background check as required for the volunteer position for which I have applied. This check will include a criminal record 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 VICAP and **City of Alexandria** 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 SHIP screening/hiring authorities as needed in the determination of volunteer suitability.

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.):

VICAP 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.

Signature: _____ Date: _____



	Documentation on file (interview notes, copies, forms)	Staff Initials	Completion Date
Application			
ID Verification -- Note source			
Personal/Phone Interview			
Reference Checks --Personal --Work			
Valid driver's license --Annual			
Vehicle insurance verified --Annual			
Criminal record check --Every 2 years			
Volunteer Agreement Signed			

Tip: Copy

Applicants Name: _____

Volunteer Role: _____

to Excel

spreadsheet



Appendix R Volunteer Evaluation

Name of volunteer: _____ Period covered: _____

Volunteer role (or position): _____ Date of evaluation: _____

1. Role (or position) goals:	<i>Not Met</i>	<i>Satisfactory</i>			<i>Superior</i>
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

2. Work Relationships:	<i>Needs Improvement</i>	<i>Satisfactory</i>			<i>Excellent</i>
Relations with other volunteers	1	2	3	4	5
Relations with staff	1	2	3	4	5
Relations with clients	1	2	3	4	5
Meets commitments (schedule, deadlines, etc.)	1	2	3	4	5
Initiative	1	2	3	4	5
Flexibility	1	2	3	4	5

3. Comments by supervisor regarding above areas:

4. Comments by volunteer regarding areas of evaluation:

5. Most significant achievement during period of evaluation:

6. An area in which improvement, change, or further training would be desirable, with description of suggested course of action:

7. Overall, how does the volunteer feel about remaining in her or his current role/position? What change in the nature of the responsibilities or procedures? would improve the ability of the volunteer to contribute to the program?

8. What are the major goals for the volunteer to accomplish in her or his position between now and the next evaluation period?

1. _____

2. _____

3. _____

4. _____

5. _____

9. Scheduled date of next evaluation:

Volunteer's signature: _____ **Date:** _____

Supervisor's signature: _____ **Date:** _____



Appendix S

Volunteer Complaint/Grievance Policy

Guiding principles:

- ◆ Volunteers have the right to be accompanied to meetings or to be represented by their nominee at all meetings during this resolution process.
- ◆ Complaints by volunteers shall be kept confidential other than to those directly involved in the complaint resolution procedure.
- ◆ If at any time during the process or investigation, the VICAP program concludes that a volunteer has filed a claim in bad faith, has refused to cooperate in an investigation of the complaint, or has provided false information regarding the complaint, disciplinary action up to and including termination of the volunteer may be taken.

Steps to take if you wish to file a complaint or grievance:

Stage One

1. If you, as a VICAP volunteer, have a complaint or grievance, we wish to respond promptly and thoroughly. Please start by discussing your complaint or grievance with your immediate supervisor, explaining your view of what has happened and what you feel needs to be done to resolve the situation.

If your complaint is against your immediate supervisor, you can instead start by discussing the issue with the coordinator of volunteers, or if they are your supervisor, then the Director of the program.

2. Fill out the Complaint Form at the end of this document, which includes the following information:
 - Your name and the person against whom the complaint is filed;
 - The date of the incident precipitating the complaint;
 - A concise description of the complaint and any precipitating incidences;
 - The identity of anyone with relevant information or an explanation of where additional information can be found;
 - Any documentation relevant to the complaint and where it can be found;
 - Other information that supports the complaint;
 - A description of any previous action taken to resolve the complaint, and
 - A listing of all desired outcomes and reasons why such outcomes are appropriate.
3. The supervisor will, if necessary, gather more information, determine if the complaint warrants further action and, as appropriate, act to resolve the complaint. This determination will be made within seven days, and then will be provided to you with an explanation and notification.

Stage Two

1. If you feel that the issue has not been resolved satisfactorily, notify the supervisor that you are not accepting the informal judgment.
2. The matter will then be referred to an individual designated by the VICAP program to deal with resolution of complaints.
3. The individual designated to review complaints and grievances will then make a determination within 14 working days of the receipt of your decision to not accept the informal judgment.
4. Notice of the formal decision will be sent to all affected parties, along with a description of what next steps might occur based on the decision. Possible next steps might include, depending upon the nature of the complaint:
 - Reassignment to another supervisor or role
 - Disciplinary action against a volunteer or staff member
 - Changes in the support provided the volunteer
 - Additional training for a volunteer or staff member
 - Adjustment in program procedures

Stage Three

1. If you wish to appeal the formal decision, then an appeal in writing can be submitted within five days to the director of the program, who will review the appeal and issue a determination within 14 days. An appeal may also be submitted by any other affected party.

Submit written appeals to:

Name: _____

Title: _____

Email: _____

Mailing Address: _____

2. This determination by the director will constitute the final disposition of the complaint or grievance.

Complaint Form: Complaint by a Volunteer

Date: _____

Volunteer Name: _____

Phone number: _____

Email address: _____

The complaint is against (name and relationship – e.g. client, staff person, another volunteer, etc.):

Date(s) of incident: _____

What is the nature of your complaint? Please describe the incident/s that occurred that led up to your complaint or grievance:

Is anyone else involved in your complaint or grievance, such as witnesses, and if so, who are they?

Is there any documentation relevant to your complaint? _____

If yes, where can it be found?

Please add any other information that supports your complaint, if any:

What action (if any) have you taken already to resolve your complaint?

What would you like the outcomes of your complaint to be, and why do you see those outcomes as appropriate?

NOTES