



Illinois SMP Volunteer Application

Contact Information:

Name: _____
Last Name First MI

Address: _____

City State Zip Code

Phone: () _____ () _____
Primary: Home Cell Work Alternative: Home Cell Work

Email: _____

Best Method & Time to Reach You: _____

Date of Birth: ____ / ____ / ____

Languages Spoken: _____

To ensure the safety of our volunteers and the communities we serve, all potential SMP volunteers will be asked to provide information for a background check.

If you will be driving to and from SMP events, you will need to provide a copy of your driver's license and insurance. This information will be collected after the interview.

Demographics

This section is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are used for statistical purposes only and will not affect your application.

Gender: _____ Race/Ethnicity: _____

Emergency Contact:

Name: _____

Phone: () _____ Relation: _____

Interest in SMP Program

You may attach a sheet of paper if you need more space to answer any question.

1. How did you hear about the Illinois SMP Program?

2. Tell us why you would like to be an SMP Volunteer:

Availability

Please indicate the days and times you are usually available to volunteer with a check or X.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conflicts of Interest

SMP volunteers must be able to provide unbiased information and may not recommend specific health care or other insurance policies or products to people. Please let us know if you have any connections to the insurance or healthcare industries or other potential conflicts of interest:

Work/Volunteer History

1. Are you currently employed?

Yes No

If you are currently employed, please list your current job(s) first.

Use the remaining spaces to list any experiences (work or volunteer) relevant to the SMP volunteer position. If you need additional space, you may attach a sheet of paper.

1. Organization: _____

Position/Title: _____

Years: _____ – _____ City, State: _____

Role: Employee Volunteer Other _____

Type of Work: _____

2. Organization: _____

Position/Title: _____

Years: _____ – _____ City, State: _____

Role: Employee Volunteer Other _____

Type of Work: _____

3. Organization: _____

Position/Title: _____

Years: _____ – _____ City, State: _____

Role: Employee Volunteer Other _____

Type of Work: _____

References:

Please provide three (3) professional or personal references we may contact regarding your qualifications

1. Name (First, Last): _____

Relationship: _____
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: (_____) _____ How Long Known: _____

2. Name (First, Last): _____

Relationship: _____
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: (_____) _____ How Long Known: _____

3. Name (First, Last): _____

Relationship: _____
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: (_____) _____ How Long Known: _____

Signature:

I hereby authorize the Illinois SMP to solicit references from the above named reference contacts in connection with my application for the position of SMP volunteer.

I hereby authorize the above named reference contacts to provide a reference in connection with my application for the position of SMP volunteer, and release them from any liability in regard to the same.

I certify that all information given or referred to in this application is true, complete, and correct to the best of my knowledge.

_____ Signature

_____ Date

Mail To:

Please return application via mail, fax, or email to:

Bailey Huffman
SMP Volunteer & Benefits Access Specialist
1048 Lake Street
Suite 300
Oak Park, IL 60301

bailey.huffman@ageoptions.org
PHONE (800)699-9043
FAX (708)524-0870