# **HICAP-long-medium** G:\hs\jan\agelogo.bmp

# **Benefits Counselor Volunteer Application**

* **To become a certified Benefits Counselor volunteer, you must complete all training sessions.**
* **Training consists of 20 classroom hours, 5 hours of individual study, and completion of an open book test.**
* **Certification is approved after 20 hours of supervised counseling with clients.**
* **All volunteers must complete a criminal background check. Office volunteers must complete a drug screening.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current or previous experience related to Benefits Counseling:**

(Include paid and volunteer experience)

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dates of service: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Paid employee ❒ Volunteer Retired ❒ Yes ❒ No

# **Benefits Counselor Volunteer Application**

**Are you currently employed by any of the following: Job Title**

1. Insurance company, agency, or broker ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Financial planning service ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Health insurance claims or billing service ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Law firm or legal services organization ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Social service agency ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Other *(please describe):* ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you answered yes to any of the above, briefly explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Briefly describe why you want to become a volunteer:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list two references who are not related to you:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

The statements made in this application are true and complete to the best of my knowledge.

I understand that a background check will be performed at no expense to me.

I understand that the purpose of the training I receive as a volunteer is to provide service

***free of charge*** to Medicare beneﬁciaries and is not to be used for my personal monetary gain.

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

Please mail or fax completed form to:

**Area Agency on Aging of**

**North Central Texas**

Attention: Jan Henning

P.O. Box 5888

Arlington, Texas 76005-9961

[jhenning@nctcog.org](mailto:jhenning@nctcog.org)

Phone: 1-800-272-3921

Fax: 817-695-9274

# **Benefits Counselor Volunteer Application**

***VOLUNTEER PREFERENCES FORM***

**Skills and Interests (Please check all that apply):**

❒ Computer/Internet ❒ Organizing/Scheduling

❒ Public speaking to community groups ❒ Represent agency at health fairs

❒ Public relations/Communications ❒ Volunteer recruitment

❒ Teaching/Training ❒ Research

❒ Data Entry ❒ Writing

❒ General Office Work/Mail outs/Filing ❒ Graphic design

❒ Benefits Counseling assistance by phone

❒ One-on-one assistance at Benefits Counselor clinics

**Availability:**

Hours per month: ❒ 4 or less ❒ 5 to 10 ❒ More than 10

Preferred days and times:

❒ Monday ❒ Morning ❒ Afternoon

❒ Tuesday ❒ Morning ❒ Afternoon

❒ Wednesday ❒ Morning ❒ Afternoon

❒ Thursday ❒ Morning ❒ Afternoon

❒ Friday ❒ Morning ❒ Afternoon

❒ As Needed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

❒ Yes ❒ No *If yes, please list the language(s)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_