



Thank you for your interest in the MAP Volunteer Program.

Enclosed is a job description, application, and volunteer assurance about this special opportunity.

Once your application has been processed, I will be in touch with you to go over any questions you may have and discuss possible training dates and times.

If you have any questions, please contact me, Misty Agarwal at 405-522-3788, or toll free at 1-800-763-2828. Or e-mail at [misty.agarwal@oid.ok.gov](mailto:misty.agarwal@oid.ok.gov).

Please return your completed application to:

**Oklahoma Insurance Department**

**3625 NW 56<sup>th</sup> Suite 100**

**Oklahoma City, OK 73112**

**Or Fax: 405-522-4492**

**Or by email: [misty.agarwal@oid.ok.gov](mailto:misty.agarwal@oid.ok.gov)**

**Attention: Misty Agarwal**

I look forward to hearing from you soon!

Misty Agarwal

Coordinator of Volunteers

### MAP VOLUNTEER APPLICATION

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

#### Contact Information:

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Other Number: \_\_\_\_\_

**I. Volunteer Talents**

A. Which of the following volunteer positions interest you? (For more detail about the volunteer roles see page 8)

- Counselor— Provides information about Medicare and related programs to beneficiaries and their families, making sure they have the necessary details to make educated decisions about their individual needs.
- Administrative Volunteer— Provide administrative support including data entry and other clerical duties.
- Outreach Assistant—Educates the community about the program and Medicare related topics.

B. Why are you interested in volunteering for MAP?

---

---

---

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

- Yes (Please list which language): \_\_\_\_\_
- No

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

- Computer/Internet
- Public speaking with large groups
- Teaching/Training
- Data Entry
- General Office Work
- Other: \_\_\_\_\_
- Public speaking with small groups
- Organize/Scheduling
- Assist individuals/direct client service
- Help with Events/Booths

E. 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

**F. Do you have a current driver's license and have reliable transportation?**

- Yes  No

**G. Do you have current Liability Auto Insurance?**

- Yes  No

**H. State Driver License Issued In: \_\_\_\_**

**Driver License Number**\_\_\_\_\_

## II.

**A. Employer Information (include paid and volunteer experience)**

Retired  Yes  No

**1. Company/Organization:**\_\_\_\_\_

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_  Paid Employee  Volunteer

**2. Company/Organization:**\_\_\_\_\_

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_  Paid Employee  Volunteer

**B. Education**

College/Trade/Vocational: \_\_\_\_\_

\_\_\_\_\_

Degree (if applicable): \_\_\_\_\_

**C. Optional**

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

Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\*Please attach Resume if applicable.

**III. Please list three references that are not related to you.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_

**IV. Screening Questions**

A. Are you currently employed at any of the following? Please check if applicable.

- Insurance company, agent, or broker
- Financial planning service
- Health insurance claims or billing service
- Law firm or legal service organization
- Other: \_\_\_\_\_

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

---

---

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

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

**MAP Volunteer Program**

As a volunteer for MAP, 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: Volunteer job descriptions, handbooks, manuals, and other guidance. MAP is 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 procedure. Any actions that I take outside the scope of responsibility for my volunteer position will be taken at my own personal risk.

**Nature of Volunteer Service:**

- I understand that as a volunteer, I will be relied upon to serve Medicare beneficiaries and their community. The scope of responsibilities varies for each volunteer.
- I understand that my responsibilities may include providing accurate and objective counseling assistance to Medicare beneficiaries, their representatives and caregivers, or persons soon to be eligible for Medicare.
- I understand that my responsibilities may also include the use of internet-based programs to help clients compare health and prescription drug plan options.
- I understand that my responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.
- I understand that my volunteer activities may need to take place at specific counseling sites, and also by telephone.

- I understand that I must submit monthly documentation of my activities to my volunteer coordinator.
- I understand that volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.

**Confidentiality:**

- I understand that I will have access to sensitive information about my clients, including medical, insurance, financial, and other confidential personal data.
- I agree to keep such information confidential and to use it only to perform my duties as a SHIP/SMP volunteer, to the extent that a client explicitly authorizes.

**Non-Conflict of Interest:**

MAP volunteers cannot promote private or personal interests as they go about performing the duties described in the volunteer program policies and guidelines. To comply with this requirement, I agree to the following.

- I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.
- I will not disclose or use confidential or other personal information obtained from a client through my association with MAP for personal gain or the gain of my employer or any other party.

**Agreement:**

- I understand that as a volunteer, I am committing to hours each month.
- I agree to attend initial and update training program as required.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a MAP volunteer.
- I agree to complete a background check.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may be subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

**Volunteer Signature:** \_\_\_\_\_

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



LOCAL HELP FOR PEOPLE WITH MEDICARE



## MAP VOLUNTEER DUTIES: SELF-ASSESSMENT OF SKILLS AND INTERESTS

**Directions:** The following are categories of jobs that MAP volunteers perform. Use this list to rank the top three categories in terms of your interest in working in this category (rank your top interest No. 1, your second interest No. 2, etc.) Then make a few notes about the reasons that each of these categories is among your top three in terms of interest. For example, do you have past experience in paid or volunteer work in one of these categories? What strengths do you bring to work in one of these areas? Share you completed list with your coordinator of volunteers.

My Top 3 Choices (Rank # 1, 2, and 3)	Work Category	Reason for Interest (e.g., My Past Experience or Strengths in this Category)
	Distributing information	
	Assisting with administration	
	Staffing exhibits	
	Making group presentations	
	Counseling	
	Direct client service	

	Other	

## MAP Standard Volunteer Roles

The MAP program operates with six standard 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 another person’s protected personal, health care, or financial information. The five standard roles are:

- **Distributing information:** This role involves transporting and disseminating SMP 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.
- **Assisting with administration:** This role involves such work as copying, filing, data entry, and placing outbound phone calls in support of SMP 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.
- **Staffing exhibits:** This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about SMP to the public and answer simple inquiries. It is a position of trust.
- **Making group presentations:** This role involves giving substantive presentations on SMP topics 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.
- **Counseling:** This role involves direct discussion with beneficiaries 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.



LOCAL HELP FOR PEOPLE WITH MEDICARE

