

SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS)

**VOLUNTEER APPLICATION**

***Anne Chansler, Statewide Director***

*SHINE is a Program of the Florida Department of Elder Affairs* www.floridashine.org

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| **PERSONAL INFORMATION**  First Name: MI: Last Name: | |
| Street Address: | City: Zip: |
| County: | Home Phone: ( ) - |
| Email Address: | Cell Phone: ( ) - |
| Emergency Contact: | Contact Phone: ( ) - |
| Is Florida your primary residence year-round?    If no, what months are you in the state? | Do you have transportation of your own? |

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| **VOLUNTEER DEMOGRAPHICS:** Except for the date of birth, this information is not mandatory; however, our funding sources require us to recruit and retain a diverse group of volunteers. Anonymous statistics are compiled with data provided. | |
| **Gender:**    **DOB:** \_\_\_/\_\_\_\_/\_\_\_\_\_ | **Race:**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **VOLUNTEER EXPERIENCE\***  Organization | Title and Responsibilities | Dates |
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| **WORK EXPERIENCE\***  Company | Title and Responsibilities | Dates |
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| **POST-SECONDARY EDUCATION\*** *(if applicable)*  Institutions, City/State and Dates for Each | Certificate, Degree or Area of Study |
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*\*No specific volunteer, work, or educational experience is required to be a DOEA volunteer. Attach additional page, as needed.*

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| **COMPUTER SKILLS**  Please list your current experience operating computers and any programs in which you are efficient. |
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| **AVAILABILITY**  Which days and times are you available to volunteer? | | | | | | | |
| Days | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Time of Day |  |  |  |  |  |  |  |

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| **LANGUAGE/FLUENCY**  Are you bi-lingual or multi-lingual? If yes, please list language and describe level of fluency (i.e. spoken and written, etc.) |
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| **CONFLICT OF INTEREST\*\*** To provide unbiased health insurance counseling holding licenses such as insurance, annuity, etc. may be a conflict of interest. This will be examined on a case- by- case basis. If you currently hold any professional license, please list below. |
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| **BACKGROUND CHECK** As this volunteer position requires working with vulnerable adults, you will be required to undergo a state and federal background clearance before actively participating with the program. Have you ever been arrested, charged or indicted for violation of any federal, state, county or municipal law, regulation or ordinance? If yes, give details. |
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| **REFERENCES Please list two (2) references you have known at least five (5) years (not family members).** | | |
| Name | Address | Telephone |
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| **PROGRAM REFERRAL** How did you hear about the SHINE Program? Please check all that apply below. | |
| If other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **SIGNATURES**  By affixing your signature below, you certify that all information provided on this application is correct to the best of your knowledge. Furthermore, you acknowledge and understand that you must pass all required background clearances and mandatory SHINE trainings as a condition of volunteer services with the Florida Department of Elder Affairs, SHINE Program. |
| **Applicant Signature: Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |

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| **LOCAL SHINE PROGRAM Use Only** | | | |
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| **Liaison Signature: Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | | |
| **Area Coord Signature: Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | | |

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| **DOEA Use Only** | | | | | |
| Received: | / / | Approved: | / / | Entered: | / / |
| Volunteer Services Staff Signature: | |  | |  | |

Rev. 01/31/2019