



Volunteer Application

Thank you very much for your interest in volunteering with the Medicare Rights Center. Please complete this application and return it to Maxwell Arnaud, Coordinator of Volunteers & Outreach, via e-mail (marnaud@medicarerightcenter.org). If possible, please also attach your resume.

Do you currently hold a license to sell health or life insurance in NY? Yes No

Medicare Rights Center regrets that, for reasons of conflicts of interest, we cannot accept volunteers who are licensed to sell health and/or life insurance.

Volunteer Information

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Birthday (mm/dd): _____ E-mail: _____

How did you hear about the Medicare Rights Center? _____

Education and Training

Please list below your educational background including high school, college, trade and any military service.

School Location (City and State) _____

Major _____

Graduated with Degree* Yes ___ No ___ (*If no degree, please give number of years.)

High School / Trade School _____

College / University _____

Other Vocational and/or Professional Information (*i.e.*, research projects, thesis subject, publications, patents, seminars, hobbies, or volunteer work) you believe is relevant to the volunteer position:

Are you currently employed? Yes No

Name of employer: _____

Dates of employment: _____

Volunteer Motivations

Why do you want to
volunteer with the
Medicare Rights Center?
What do you hope to gain
from this experience?

Please describe any special
training or skills you have
that may help you in your
volunteer position at the
Medicare Rights Center.

Volunteer Role

If you are interested in the Helpline volunteer position you will be **required** to attend a 1 day in-person training session.

Do you speak any language other than English? Yes No

If yes, which languages? _____

Please describe your level of experience with computers
(e.g., Proficient in Microsoft Word, comfortable using online search engines such as Google).

Approximately how many hours per week do you wish to volunteer (minimum 4 hours)? _____

Which day(s) of the week do you prefer to volunteer? _____

(Helpline shifts are from 10-3, M-F; Enrollment and Operational shifts are from 9-1 or 1-5, M-F)

Are you currently working? Yes No

Are you currently seeking employment? Please explain in the space below:

Relevant Work and Volunteer Experience

Please describe any relevant volunteer or work experience. Whenever possible, please include organization names and dates of service.

Experience #1 Organization Name: _____
Date(s) of _____
Service/Employment: _____

Relevant experience

Experience #2 Organization Name: _____
Date(s) of _____
service/employment: _____

Relevant experience

References – Please provide 2 references (e.g., non-family members)

	Name	Company or Organization	Phone Number	Email
Personal	_____	_____	_____	_____
Business	_____	_____	_____	_____
Additional	_____	_____	_____	_____

As part of the application process, you will have a follow-up phone interview with a Medicare Rights staff member. When are you most readily available? Morning Afternoon

Have you ever been convicted of any criminal offense by a civilian court or by military authorities (excluding traffic violations)? Yes No

If yes, are you currently on probation or parole? Yes No

I understand that this is an application for, and not a commitment or promise of, a volunteer position at the Medicare Rights Center. I understand that prior to volunteering I may be required to complete a training program.

I certify that I have provided, and will continue to provide, information throughout the selection process that is true to the best of my knowledge (including information provided on this application and in conversations with the Medicare Rights Center). I understand that information contained on my application may be verified by Medicare Rights Center.

Signature: _____ Date: _____