

OREGON SENIOR HEALTH INSURANCE BENEFITS ASSISTANCE PROGRAM VOLUNTEER APPLICATION



Date: _____
Full name: _____ Phone: _____
Address: _____ County: _____
City: _____ State: _____ ZIP: _____
E-mail address: _____

EMPLOYMENT HISTORY

Dates: from ____ to ____ Employer: _____ Job title: _____
Type of business: _____ Supervisor: _____
Job duties: _____

Dates: from ____ to ____ Employer: _____ Job title: _____
Type of business: _____ Supervisor: _____
Job duties: _____

Other employment: _____

VOLUNTEER WORK HISTORY

Date: from ____ to ____ Organization: _____
Job title: _____ Type of organization: _____
Supervisor: _____ Duties: _____

Date: from ____ to ____ Organization: _____
Job title: _____ Type of organization: _____
Supervisor: _____ Duties: _____

Other volunteer and community activities: _____

Special skills, interests, and hobbies: _____

REFERENCES *(Non-relatives, please)*

	Name	Relationship	Day-time phone	Evening phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

VOLUNTEER COMMITMENTS *(Please read carefully)*

Will you be able to spend approximately three days within the next few months attending the SHIBA training course?..... Yes No

Will you be able to attend bi-monthly meetings and trainings? Yes No

Do you have reliable transportation to visit homebound clients?..... Yes No

Are you willing to complete a client contact form for each client?..... Yes No

How did you learn about the SHIBA program? _____

Why are you interested in joining the program? _____

Please describe any experience that you feel will help you as a SHIBA volunteer:

CRIMINAL RECORD CHECK NOTICE ON SHIBA PROGRAM VOLUNTEER APPLICATION

NOTE: Approval to be a SHIBA Volunteer for the Department of Consumer and Business Services' SHIBA Program will be contingent upon the passing of a fingerprint-based criminal background check. Conviction of a crime will not automatically disqualify an individual from being considered for a SHIBA Volunteer.

Applicant's signature: _____ **Date:** _____

Call us if you have questions: (800) 722-4134.

Please return this completed form to:

SHIBA
350 Winter Street NE, Suite 330
P.O. Box 14480
Salem, OR 97309-0405

For office use only:
Licensed agent? Yes No