



United Way of
Lackawanna, Wayne & Pike



pennsylvania

Medicare Education and Decision Insight

Volunteer Application

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Applicant Information

1. Do you speak any languages other than English? Please list language(s):

2. Please tell us about your work experience, including paid and volunteer positions.

If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the PA MEDI volunteer position. If you need additional space, please attach another sheet of paper.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: Paid employee Volunteer Other

B. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: Paid employee Volunteer Other

C. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: Paid employee Volunteer Other

3. Please describe any skills or experience that would enable you to perform the duties of a volunteer.

4. Do you require any special accommodations the PA MEDI Volunteer Coordinator should be aware of? Yes No

If yes, please describe:

5. Are you licensed and able to drive an automobile? Yes No

If you will be driving to and from events or to conduct outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

6. Certain conflicts between personal interests and the interests of PA MEDI may exist and could prevent a person from serving as a volunteer. One example is that of a licensed insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

Interest in PA MEDI

1. How did you learn about PA MEDI?

2. Please tell us why you would like to become a volunteer?

3. Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Background and Criminal Record Check

To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a background and criminal records check. If the position for which you apply requires a background and criminal records check, we will ask you to complete a separate form to authorize one.

Authorization and Certification

I certify the information I provided in this application is true, complete, and accurate to the best of my knowledge. I authorize PA MEDI/[enter agency name] to contact the references named below with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application and release them from any liability regarding it.

Signature: _____ Date: _____

References

Please provide two references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ How long known reference? _____

Relationship: _____

Organization: _____

B. Name (first, last): _____

Phone number: () _____ - _____ How long known reference? _____

Relationship: _____

Organization: _____