

Oregon Senior Health Insurance Benefits Assistance Program Volunteer Application



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

Employment history

Date: from _____ to _____ Employer: _____ Job title: _____
Type of business _____ Supervisor: _____

Job duties: _____

Reason for leaving: _____

Date: from _____ to _____ Employer: _____ Job title: _____
Type of business: _____ Supervisor: _____

Job duties: _____

Reason for leaving: _____

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: _____

Languages spoken (*other than English*): _____

Special skills, interests and hobbies: _____

References *(Non-relatives, please)*

Name	Relationship	Phone
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Volunteer commitments *(Please read carefully)*

Will you be able to spend approximately two 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 Office of Aging and People with Disabilities' 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:
Oregon SHIBA
500 Summer St NE E-12
Salem, OR 97301

For office use only:		
Licensed agent?	Yes	No

You can get this document in other languages, large print, braille or a format you prefer. Contact the Senior Health Insurance Benefits Assistance (SHIBA) program at 800-722-4134 or shiba.oregon@dhsosha.state.or.us. We accept all relay calls or you can dial 711.