Harris County Area Agency on Aging (AAA)/ Care Connection
Aging and Disability Resource Center (ADRC)
Volunteer Application

Applicant’s Name: ______________________________________________________________
Date: ______________________________ County: ______________________________________

Contact Information
Mailing address: ______________________________________________________________
City: ______________________________ State: ____________ Zip code: __________
Email: __________________________________________________________________
Home phone: ________________________ Cell phone: ______________________________

Emergency Contact
Name: ______________________________ Relationship: _____________________________
Home phone: ________________________ Other phone: ____________________________

I. Volunteer Talents

A. Which of the following volunteer positions interests you?

☐ Volunteer Outreach/Resource Presenters
☐ Certified Benefits Counselor
☐ Data Entry Assistant
☐ Intake Volunteer
☐ Intern

B. Why are you interested in volunteering with AAA/ADRC?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
C. Are you fluent in any language other than English (including sign language)?

☐ Yes  ☐ No  If yes, please list the language(s): ________________________________

D. Skills and Interests (Please check all that apply)

☐ Computer/Internet  ☐ Organizing/Scheduling
☐ Public speaking with large groups  ☐ Public speaking with small groups
☐ Public relations/Communications  ☐ Research
☐ Teaching/Training  ☐ Writing
☐ Data Entry  ☐ Graphic Design
☐ General Office Work
☐ Assist individuals/One-on-one direct client service

☐ Check here if you speak another language other than English and list the language(s) here: ________________________________

☐ Other ______________________________________________________________________

E. Availability

Hours per month:  ☐ 4 or less  ☐ 5 to 10  ☐ More than 10

Preferred days and times:

☐ Monday  ☐ Morning  ☐ Afternoon
☐ Tuesday  ☐ Morning  ☐ Afternoon
☐ Wednesday  ☐ Morning  ☐ Afternoon
☐ Thursday  ☐ Morning  ☐ Afternoon
☐ Friday  ☐ Morning  ☐ Afternoon
☐ As Needed
F. Are you licensed and able to drive an automobile? □ Yes □ No

II. Experience

A. Employer Information (include paid and volunteer experience)
Retired □ Yes □ No

Company/Organization: _______________________________________________________
Dates of service: From _______________________ to ________________________________
Contact person: _____________________________ Phone: ___________________________
□ Paid employee □ Volunteer

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Dates of service: From _______________________ to ________________________________
Contact person: _____________________________ Phone: ___________________________
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B. Education
College/University: ___________________________________________________________
Degree: ______________________________________________________________________

C. Optional
Do you have any medical conditions you would like the AAA/ADRC to be aware of? □ Yes □ No
If yes, please describe: ____________________________________________________________

Do you require any special accommodations? □ Yes □ No
If yes, please describe: ____________________________________________________________

III. References

Please list two references that are not related to you.

Name: _______________________________________________________________________
Phone: _____________________________ Relationship: ____________________________

Name: _______________________________________________________________________
Phone: _____________________________ Relationship: ____________________________
IV. Screening Questions

A. Are you currently employed by any of the following:

- Insurance company, agency, or broker ☐ Yes ☐ No
- Financial planning service ☐ Yes ☐ No
- Health insurance claims or billing service ☐ Yes ☐ No
- Law firm or legal services organization ☐ Yes ☐ No
- Other (please describe): ☐ Yes ☐ No

B. If you answered yes to any of the above, please explain: ___________________________________________________

______________________________________________________________________________

______________________________________________________________________________

V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a volunteer is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain.

Signature:_________________________ Date: _______________

Please mail or fax this form to your local H-GAC, AAA/ADRC office at the address below:

AAA/ADRC
Attention: Brittany Baird
4802 Lockwood Drive
Houston, Texas 77026
(832)-393-5565
Harris County Area Agency on Aging (AAA)/ Care Connection
Aging and Disability Resource Center (ADRC)
Volunteer Agreement

As a volunteer for the Area Agency on Aging and Aging & Disability Resource Center, I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer job descriptions, handbooks, manuals, and other guidance. The, AAA/ADRC are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as AAA/ADRC volunteer, I will be relied upon to serve their community. The scope of responsibilities varies for each volunteer.

- I understand that my responsibilities may include providing accurate and objective counseling and assistance.

- I understand that my responsibilities may include the use of internet-based programs to help clients compare health and prescription drug plan options.

- I understand that my responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.

- I understand that my volunteer activities may need to take place at specific counseling sites, by telephone, or at clients’ homes when health conditions make it necessary.

- I understand that I must submit monthly documentation of my activities to my, AAA/ADRC Volunteer Coordinator.

- I understand that AAA/ADRC volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.

Confidentiality

- I understand that I will have access to sensitive information about my clients,
including medical, insurance, financial, and other confidential personal data.

- I agree to keep such information confidential and to use it only to perform my duties as a AAA/ADRC volunteer, to the extent that a client explicitly authorizes.

**Non-Conflict of Interest**

AAA/ADRC volunteers cannot promote private or personal interests as they go about performing the duties described in AAA/ADRC volunteer program policies and guidelines. To comply with this requirement, I agree to the following:

- I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.

- I will not disclose or use confidential or other personal information obtained from a client through my association with the AAA/ADRC for personal gain or the gain of my employer or any other party.

**Agreement**

- I understand that as a ________________ volunteer, I am committing to ___________ hours each month.

- I agree to attend initial and update training programs as required.

- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a AAA/ADRC volunteer.

- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer’s Signature: _______________________________ Date: ______________

Coordinator’s Signature: _______________________________ Date: ______________