

Center for Health Care Rights

Health Insurance Counseling and Advocacy Program (HICAP) HICAP Volunteer Counselor Program Application

Name _____

Address _____ City _____ Zip Code _____

Phone () _____ E-mail address _____

Employment Status: Retired _____ Employed: Full-time _____ Part-time _____

If retired, for how long? _____

If employed, name of employer _____

What do you do? _____

What is your schedule? _____

Education: Highest Level Achieved

High School Some College BA

Advanced Degree: Masters PhD Other

Do you speak a language other than English? _____

Work experience:

Past or Current Volunteer experience:

Other interests:

Why do you want to become a HICAP Volunteer Counselor?

How did you hear about the HICAP Volunteer Counselor Program? _____

Do you hold a current license to sell insurance in California? Yes _____ No _____

*If yes, please note that you are **ineligible** to become a HICAP Volunteer Counselor.*

Participation in the CHCR HICAP Volunteer Program requires that you agree to a background check. (Past 7 years). Do you agree to complete to a background check? Yes _____ No _____

If accepted into the Program, how far can you travel to your placement site?

1 - 5 miles _____ 6 -10 miles _____ more than 10 miles _____

How do you plan to travel to your placement site & continuing education meetings?

Personal automobile _____ Public transit _____ other (please specify) _____

HICAP is looking for volunteers who will actively participate in the program for a year or longer. Please read the following statements carefully. You acknowledge your willingness to participate in the program and adhere to its procedures. I have read the HICAP Volunteer Counselor job description, am aware of the duties and responsibilities, and am willing to undertake them. (required)

Yes

No

I am willing to work as a HICAP Volunteer Counselor for a minimum of one year at an average of ten hours per month. (required)

Yes

No

I am willing and able to attend the bi-monthly volunteer training sessions. (required)

Yes

No

I have a valid California drivers' license and adequate personal automobile insurance. (The State Department of Aging requires this for those who will be driving their private vehicle to and from HICAP sites during normal business hours.) (required)

Yes

No

Signature _____ Date _____