



## Health Insurance Counseling and Advocacy Program (HICAP)

### HICAP Volunteer Counselor Program Application

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
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? \_\_\_\_\_

What kind of volunteer work are you interested in?

HICAP counseling \_\_\_\_\_ community education and outreach \_\_\_\_\_ administrative/  
scheduling \_\_\_\_\_ Other \_\_\_\_\_

I am interested in (select all that apply):

Remote work via Zoom \_\_\_\_\_ Remote work via Phone \_\_\_\_\_ In-person work \_\_\_\_\_

Work experience:

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Past or Current Volunteer experience:

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Other interests:

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Why do you want to become a HICAP Volunteer Counselor?

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How did you hear about the HICAP Volunteer Counselor Program?

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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) \_\_\_\_\_

For the volunteer counseling program, HICAP is looking for volunteers who are interested in participating in the program for a year or longer. What kind of time commitment are you able to make?

A year or longer \_\_\_\_\_ I could volunteer intermittently at outreach events \_\_\_\_\_

Other: \_\_\_\_\_

HICAP volunteers typically are required to provide at least 40 hours of service per year. How many hours per month are you available to volunteer?

10+ hours \_\_\_\_\_ 5-10 hours \_\_\_\_\_ 0-5 hours \_\_\_\_\_

HICAP volunteers are typically required to complete at least 12 hours of additional training per year to maintain their registration. Are you able to participate in quarterly training, which may be in person or on Zoom?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_