

OREGON SENIOR HEALTH INSURANCE BENEFITS
ASSISTANCE PROGRAM VOLUNTEER APPLICATION



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

EMPLOYMENT HISTORY

Dates: from _____ to _____ Employer: _____ Job title: _____
Type of business: _____ Supervisor: _____
Job duties: _____

Reason for leaving: _____

Dates: 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: _____
Reason for leaving: _____

Date: from _____ to _____ Organization: _____
Job title: _____ Type of organization: _____
Supervisor: _____ Duties: _____
Reason for leaving: _____

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 Department of Consumer and Business Services' 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:

SHIBA
PO Box 14480
Salem, OR 97309-0405

For office use only:	
Licensed agent?	Yes No