



## Illinois SMP Volunteer Application

### Contact Information:

Name: \_\_\_\_\_  
Last Name First MI

Address: \_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Primary:  Home  Cell  Work Alternative:  Home  Cell  Work

Email: \_\_\_\_\_

Best Method & Time to Reach You: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Languages Spoken: \_\_\_\_\_

*To ensure the safety of our volunteers and the communities we serve, all potential SMP volunteers will be asked to provide information for a background check.*

*If you will be driving to and from SMP events, you will need to provide a copy of your driver's license and insurance. This information will be collected after the interview.*

### Demographics

*This section is used to determine if our recruitment efforts are reaching all segments of the population. Your voluntary responses are used for statistical purposes only and will not affect your application.*

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

**Interest in SMP Program**

*You may attach a sheet of paper if you need more space to answer any question.*

1. How did you hear about the Illinois SMP Program?

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2. Tell us why you would like to be an SMP Volunteer:

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**Availability**

Please indicate the days and times you are usually available to volunteer with a check or X.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Conflicts of Interest**

SMP volunteers must be able to provide unbiased information and may not recommend specific health care or other insurance policies or products to people. Please let us know if you have any connections to the insurance or healthcare industries or other potential conflicts of interest:

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**Work/Volunteer History**

1. Are you currently employed?

Yes  No

If you are currently employed, please list your current job(s) first.

Use the remaining spaces to list any experiences (work or volunteer) relevant to the SMP volunteer position. If you need additional space, you may attach a sheet of paper.

1. Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Years: \_\_\_\_\_ – \_\_\_\_\_ City, State: \_\_\_\_\_

Role:  Employee  Volunteer  Other \_\_\_\_\_

Type of Work: \_\_\_\_\_

\_\_\_\_\_

2. Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Years: \_\_\_\_\_ – \_\_\_\_\_ City, State: \_\_\_\_\_

Role:  Employee  Volunteer  Other \_\_\_\_\_

Type of Work: \_\_\_\_\_

\_\_\_\_\_

3. Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Years: \_\_\_\_\_ – \_\_\_\_\_ City, State: \_\_\_\_\_

Role:  Employee  Volunteer  Other \_\_\_\_\_

Type of Work: \_\_\_\_\_

\_\_\_\_\_

**References:**

Please provide three (3) professional or personal references we may contact regarding your qualifications

1. Name (First, Last): \_\_\_\_\_

Relationship: \_\_\_\_\_  
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ How Long Known: \_\_\_\_\_

2. Name (First, Last): \_\_\_\_\_

Relationship: \_\_\_\_\_  
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ How Long Known: \_\_\_\_\_

3. Name (First, Last): \_\_\_\_\_

Relationship: \_\_\_\_\_  
(e.g., Sister, Neighbor, Supervisor – Note: If professional, list organization)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ How Long Known: \_\_\_\_\_

**Signature:**

I hereby authorize the Illinois SMP to solicit references from the above named reference contacts in connection with my application for the position of SMP volunteer.

I hereby authorize the above named reference contacts to provide a reference in connection with my application for the position of SMP volunteer, and release them from any liability in regard to the same.

I certify that all information given or referred to in this application is true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail To:**

Please return application via mail, fax, or email to:

**Ally Cassity**  
**SMP Volunteer Coordinator**  
**1048 Lake Street**  
**Suite 300**  
**Oak Park, IL 60301**

[allyson.cassity@ageoptions.org](mailto:allyson.cassity@ageoptions.org)  
**PHONE (800) 699-9043**  
**FAX (708) 524-0870**