

ILLINOIS SHIP COUNSELOR APPLICATION

Please complete ALL portions of this application. All applications should be submitted by the site coordinator. Failure to meet these requirements will result in rejection of application.

APPLICANT CONTACT INFORMATION (TO BE USED BY SHIP SITE)

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

Legal Name: _____
Last Name
First Name
MI

Do you have a maiden name? **No** **Yes, please specify** _____

Date of Birth (MM/DD/YYYY): _____ **Gender:** Male Female Other

Race: American Indian or Alaskan Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander White

What is your primary language? English American Sign Language (ASL) Chinese Korean
 Russian Spanish Vietnamese Other, please specify _____

Please list any secondary languages _____

Email Address _____
(Required, this email will be used for all SHIP correspondence.)

Primary Work Phone (____) _____ **Alternative Phone** (____) _____
Home Cell Work

SHIP SITE INFORMATION

SHIP Site Coordinators Name: _____

SHIP Site Name the Counselor Will Be Volunteering From: _____

SHIP Site Address: _____
Number & Street
City
State
Zip
County

SHIP Paid Status of New Counselor (select one): **SHIP In-Kind Paid** **SHIP Paid** **SHIP Volunteer**
 MIPPA In-Kind Paid **MIPPA Paid** **MIPPA Volunteer**

PREVIOUS EMPLOYMENT AND SKILLS

Current Place of Employment: _____ **Job Title:** _____

Former Employer: _____ **Job Title:** _____

Please list any computer skills you have (i.e., internet, Word, PowerPoint, Excel, etc.):

Volunteer programs and/or organizations in which you are currently involved:

Please list any other information (i.e., education, professional qualifications, special skills, etc.):

INTEREST IN SHIP PROGRAM

How did you hear about the Illinois SHIP Program?

Tell us why you would like to be a SHIP Counselor.

CONFLICTS OF INTEREST

SHIP counselors 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:

Are you affiliated with any of the following? Check all that apply.

No, I have no affiliation Insurance Company Financial Planning Service Claims Filing Service

Please explain affiliation:

CRIMINAL RECORD CHECK

To ensure the safety of our counselors and the communities we serve, all potential SHIP counselors will be asked to consent to a criminal background check if they have not completed one in the last three years. (Applicant will complete a separate form to authorize such check.)

Have you recently completed a criminal background check? Yes No

If yes, please state where, when, and what type of criminal background check was completed.

NEW COUNSELOR SIGNATURE:

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge.

Signature

Date

COORDINATOR SIGNATURE:

I certify that all information provided in this application has been reviewed and applicant is approved to work for this SHIP Site.

Signature

Date

Coordinators, applications can be sent the following ways:

Email: Aging.SHIP@illinois.gov

FAX: (217) 557-8457

Fiscal Address: Illinois Department on Aging – SHIP
1 Natural Resources Way, Springfield, IL 62702

FOR OFFICE USE ONLY	
Approved	Denied
_____ Signature of SHIP Director	
Date: _____	