

Shenandoah Area Agency on Aging

VICAP Volunteer Registration Form

NAME: _____ BIRTH DATE: ____/____/____

ADDRESS: _____

TOWN: _____ ZIP: _____ COUNTY: _____

FIELD OF EMPLOYMENT: _____

VOLUNTEER EXPERIENCE: _____

EMERGENCY CONTACT: _____ PHONE: _____

VICAP VOLUNTEER OPPORTUNITIES

OUTREACH: These volunteers bring flyers, brochures and event information to minority and underserved populations in our service area. They make contacts and build relationships with partner agencies that also serve these populations (racial, language, religious, low-income, disabled, homeless and those in transition from incarceration) These volunteers bring health care resources that make life changing differences to people in need.

COUNSELORS: These volunteers are trained to assist beneficiaries navigate the Medicare health system in a one on one setting in our local senior centers. Some specialize in assistance with Part D pharmacy during annual open enrollment from October 15 to December 7. They generally serve one day a week during this time period. Other volunteers are trained to assist in the full range of Medicare topics and set appointments as their schedule allows.

SMALL GROUP PRESENTATIONS: These volunteers are trained to become experts on particular topics and then present to small groups of various audiences: perhaps a senior center or a rotary or chamber of commerce meeting. Those with some public speaking background often enjoy these service opportunities.

SHENANDOAH AAA SERVICE AREA

Counselors for VICAP services make appointments for beneficiaries in our active learning centers located in Winchester, Berryville, Front Royal, Woodstock, Stephens City and Luray.

I AM WILLING TO VOLUNTEER IN THE FOLLOWING LOCATIONS ____ Winchester
____ Berryville ____ Front Royal ____ Woodstock ____ Stephens City ____ Luray ____

I AM INTERESTED IN ____ OUTREACH ____ COUNSELOR ____ SMALL GROUP PRESENTER

I AM AVAILABLE TO VOLUNTEER ___ Mon ___ Tues ___ Wed ___ Th ___ Fri

DURING THE MONTHS OF ___ J ___ F ___ M ___ A ___ MAY ___ JUNE ___ JULY ___ AUG ___ S ___ O ___ N ___ D

ANY ADDITIONAL INFORMATION TO SHARE _____

Please return to:

Scott Terndrup, VICAP Coordinator

Shenandoah Area Agency on Aging

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Front Royal, VA 22630

540-551-5615

Email @ s.terndrup@shenandoahaaa.com

THANK YOU!