

Shenandoah Area Agency on Aging

VICAP Volunteer Registration Form

NAME: _____ BIRTH DATE: ____/____/____

ADDRESS: _____

TOWN: _____ ZIP: _____ COUNTY: _____

PHONE: _____ E-Mail _____

PAST EMPLOYMENT: _____

VOLUNTEER EXPERIENCE: _____

EMERGENCY CONTACT: _____ PHONE: _____

VICAP VOLUNTEER OPPORTUNITIES

OUTREACH: These volunteers bring flyers, brochures and event information to 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 at our local senior centers/other sites. Some specialize in assistance with Part D prescriptions during annual open enrollment from October 15 to December 7. They generally serve one – 2 days a week during this 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 make presentations 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.

I, _____, volunteer my services through the Shenandoah Area Agency on Aging. I understand that I am not a paid employee. I give my permission for the Agency to use my photograph for promotional purposes. If I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum required by the State of Virginia.

Signature & Date _____ ____/____/____

SHENANDOAH AAA SERVICE AREA

Counselors for VICAP services make appointments for beneficiaries at our senior centers located in Winchester, Berryville, Front Royal, Woodstock, Stephens City & 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 DURING THE DAY: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Special Events/Weekends or Evenings Additional Info (times, first Mondays, etc.)

VICAP COORDINATOR

Every volunteer holds the full support of the VICAP coordinator who is responsible for all trainings, certifications and resource support. The VICAP office in Front Royal is open from 9 to 4 on Mondays to Thursdays during Open Enrollment, Mondays and Thursdays during July and August, and Mondays, Wednesdays and Thursdays the rest of the year.

BACKGROUND CHECK: The Agency's policy requires a background check on all volunteers before placement. SAAA will cover this cost; however, donations are gratefully accepted. Please attached the Background Check form.

ANY ADDITIONAL INFORMATION TO SHARE:

Background Check Permission Form: Remember to return to the Volunteer Page and click on the Background Permission form to complete and return with your VICAP Volunteer Registration Form.

Please return to:

Kim Midtgard, Development Office Assistant
Shenandoah Area Agency on Aging
207 Mosby Lane
Front Royal, VA 22630

Phone: (540) 635-7141 x1004

Fax: (540) 636-7810

Email @ k.midtgard@shenandoahaaa.com