



VOLUNTEER APPLICATION

Name (First, Last): _____		Main phone: <input type="checkbox"/> Cell ()	Work phone (if applicable): ()
Address (Personal Mailing):		County:	Fax number (if available): ()
Street: _____ _____		E-mail address (required): _____	
City: _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
State: _____		Date of birth: _____ / _____ / _____	Spouse's name (optional): _____
Zip: _____		Ethnicity/race (optional):	
		<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Hispanic/Latino
		<input type="checkbox"/> Black, African-American	<input type="checkbox"/> Asian
		<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Other
I'm interested in the following position(s):		How did you hear about CLAIM?	
<input type="checkbox"/> Counselor		<input type="checkbox"/> Agency: _____	
<input type="checkbox"/> Leader in Outreach		<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Volunteermatch.com	
<input type="checkbox"/> Administrative Support		<input type="checkbox"/> Newspaper/Newsletter <input type="checkbox"/> Missouriclaim.org	
<input type="checkbox"/> Interest Specialist		<input type="checkbox"/> AmeriCorps Member: _____	
<input type="checkbox"/> Mentor		<input type="checkbox"/> CLAIM Volunteer/Staff: _____	
<input type="checkbox"/> AmeriCorps Member		<input type="checkbox"/> Other: _____ <small>Please specify</small>	
CLAIM volunteers cannot work for insurance companies, have an insurance license and/or sell insurance for at least one year prior to volunteering. A person cannot potentially receive any financial gain from becoming a CLAIM volunteer counselor.			
Are you currently working in the insurance industry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, have you in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what were your responsibilities? 			
Current occupation:		<input type="checkbox"/> Retired	
Employer:		Former occupation:	
Education or course of study: 			

>>> Please complete both sides. >>>

Community service activities (include board memberships and all volunteer activities):

Why do you want to be a volunteer?

Would you be willing to make a minimum commitment of six hours/month for six months?

Yes No

Do you speak any languages other than English?

Yes No

If yes, please list:

Have you ever been convicted of a felony? Yes No

(A Yes answer is not an automatic disqualification. A background check will be completed during training.)

If yes, please explain:

Please list three references.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Check one: work home

Name: _____ Relationship: _____

Phone: _____ Email: _____

Check one: work home

Name: _____ Relationship: _____

Phone: _____ Email: _____

Check one: work home

Signature of applicant _____ Date: ____/____/____



LOCAL HELP FOR PEOPLE WITH MEDICARE

Please return completed application to:
CLAIM
200 North Keene Street
Suite 101
Columbia, MO 65201
1-800-390-3330
Fax: 573-817-8341
Email: claim@primaris.org



DIFP
Department of Insurance,
Financial Institutions &
Professional Registration