



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 1– 4 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, 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 can 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 LOCATION:

____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 Monday thru Thursday during Open Enrollment, Monday and Thursday during July and August, and Monday, Wednesday and Thursday 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 this form to:
Sharon Elliot, I & R Specialist/Receptionist
Seniors First, Shenandoah Area Agency on Aging
207 Mosby Lane
Front Royal, VA 22630
Email: s.elliott@seniorsfirst.info
Local: (540) 635-7141 X 1001
Fax: (540) 636-7810**