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Dear Volunteer:

Thank you for your interest in the Kansas Medicare Grants volunteer program. The contents of this application packet are designed to help answer common questions about the Medicare Grants program and to provide some information about what you can expect as a volunteer. Medicare Grants relies heavily on volunteers to accomplish its mission to educate and assist Medicare beneficiaries, their families, and caregivers with questions about Medicare and other insurance, and to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education. Because the work is important, the Medicare Grants program takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

Volunteers are essential to the work of the Medicare Grants programs. They assist with administrative tasks, distribute information, staff information booths at outreach events, make presentations, help people who have questions about Medicare, health care fraud and abuse, and much more. Without volunteers, the program could not function.

The Medicare Grants program has high standards for its paid staff and volunteers alike. We aim to provide timely and helpful information, and to answer questions accurately and objectively. You will receive orientation and training to carry out the tasks of your volunteer work. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training.

The work is challenging, interesting, and ultimately rewarding. Please take a few moments to review the materials in this packet. If you decide that you want to apply for a volunteer position with the Medicare Grants program, complete the enclosed application form and return it to your local Medicare Grants Program Coordinator. If you have need contact information for your local Coordinator, or have any questions about the volunteer program or the application and screening process, please feel free to call 1-800-432-3535 and ask for the Medicare Grants Program.

Sincerely,

Medicare Grants Staff

**Kansas Medicare Grants Program**  
**Kansas Department for Aging and Disability Services**  
**503 S. Kansas Ave**  
**Topeka, KS 66603**

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## About the Volunteer Application & Screening Process

### **1. What are the steps in the application and screening process?**

At a minimum, the process requires a completed application form and an interview in person or on the phone. The screening process includes a criminal records check, and driving record check.

### **2. Why are there so many steps in the process?**

The Medicare Grants program takes seriously the safety of the program's beneficiaries and volunteers. Many of the people who use the program's services are in a vulnerable position due to illness, infirmity, and dependence. A thorough screening process enables the Medicare Grants program to maintain a safe and productive community service program with trustworthy and reliable volunteers who do not present a risk of harm to themselves and others.

### **3. Who reviews my application form?**

The local program Coordinator, Medicare Grants staff, and Medicare Grants Program Administrator will be the only ones to see your volunteer application.

### **4. Why do you ask about conflicts of interest in the application form?**

The program strives to provide objective and unbiased information and services involving Medicare and other health insurance programs. Objectivity is important to building trust with individuals and a reputation of trustworthiness in the community. To build a volunteer workforce that provides objective information and services, we ask applicants to declare if they have a financial, personal, or philosophical interest that may present a conflict with the Medicare Grants program's interest in maintaining its reputation for objectivity.

### **5. Why do you conduct a criminal records check?**

These types of checks are conducted for volunteer roles that we deem "positions of trust," meaning they involve access to Medicare Grants clients or client personal information (see Medicare Grants Standard Volunteer Roles hand-out). We check criminal records to ensure the safety of Medicare Grants clients. We will inform you of the screening steps required for the position for which you have applied, and conduct them only with your consent.

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**6. What will you do with the sensitive personal information that I provide?**

We will respect and protect any information that you give us in confidence. We will share the information only with people who have a need to know it. We destroy information such as Social Security and driver license numbers when we no longer need it in the screening process.

**7. How will I learn if I have been accepted for placement as a Medicare Grants volunteer?**

You will receive an email that notifies you of your security check results. Your local program coordinator will also receive this notification. They should inform you about orientation and training program for new volunteers.

**8. How long does the screening process take?**

The length of time may vary depending on our ability to schedule an interview and the response time of authorities who conduct driving record checks and criminal record checks. The process could take a couple of weeks.

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## Medicare Grants Standard Volunteer Roles

- The Medicare Grants program operates with six standard volunteer roles. Information about the roles and the responsibilities connected with them are set forth in position descriptions. It is important to know that the screening process is more demanding for those roles identified as “positions of trust.” A position of trust is one in which a volunteer has access to another person’s protected personal, health care, or financial information. The six standard roles are:
- **Distributing information:** This role involves transporting and disseminating Medicare Grants information materials to sites and events, and may include presenting prepared copy or performing scripted activities for small groups. Volunteers who work in this role do not engage in discussions with others about personal information or situations. It is not considered to be a position of trust.
- **Assisting with administration:** This role involves such work as copying, filing, data entry, and placing outbound phone calls in support of Medicare Grants activity. Volunteers who work in this role do not take inbound phone calls or field questions from the public. It is a position of trust.
- **Staffing exhibits:** This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about Medicare Grants to the public and answer simple inquiries. It is a position of trust.
- **Making group presentations:** This role involves giving substantive presentations on Medicare Grants topics to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion. It is a position of trust.
- **Counseling:** This role involves direct discussion with beneficiaries about their individual situations and may include review of personal information such as Medicare Summary Notices, billing statements and other related financial and health documents. It is a position of trust.
- **Handling complex issues and referrals:** This role involves in-depth interactions with beneficiaries who are reporting specific instances of health care fraud, error, and abuse. Volunteers who serve in this role may act on behalf of a beneficiary to correct an error or refer suspected fraud and abuse to appropriate authorities. It is a position of trust.

*Source: VRPM Policy 1.7 and VRPM Policy 1.8*

**MEDICARE GRANTS VOLUNTEER DUTIES:  
SELF-ASSESSMENT OF SKILLS AND INTERESTS**

**Directions:** The following are categories of jobs that Medicare Grants volunteers perform. Use this list to rank the top three categories in terms of your interest in working in this category (rank your top interest No. 1, your second interest No. 2, etc.) Then make a few notes about the reasons that each of these categories is among your top three in terms of interest. For example, do you have past experience in paid or volunteer work in one of these categories? What strengths do you bring to work in one of these areas?

My Top 3 Choices (Rank # 1, 2, and 3)	Work Category	Reason for Interest (e.g., My Past Experience or Strengths in this Category)
	Distributing information	
	Assisting with administration	
	Staffing exhibits	
	Making group presentations	
	Counseling	
	Handling complex issues and referrals	
	Other	

## MEDICARE GRANTS VOLUNTEER/PARTNER APPLICATION

The Medicare Grants program provides free, unbiased, confidential counseling to anyone with questions about Medicare. If you are interested in exploring volunteer/partner opportunities about Medicare or Medicare fraud, please complete the following application. **Applicants must pass a background check before participation in the Medicare Grant programs as a volunteer and/or counselor.**

Because of the potential for conflicts of interest, Medicare Grants Counselors cannot be licensed insurance agents or brokers, or affiliated with insurance agencies. Other agencies or affiliations can require review before one can be approved for Medicare Grants participation.

***(Please print. Email address is required.)***

**Contact Information**

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
First
Middle name or initial
Last

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_

Best method and time to reach you: \_\_\_\_\_

**A. Are you fluent in any language other than English (including sign language)?**

- Yes       No

*If yes, please list the language(s):* \_\_\_\_\_

**B. Skills and Interests (Please check all that apply.)**

- |                                                                                  |                                                             |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Computer/Internet                                       | <input type="checkbox"/> Organizing/Scheduling volunteers   |
| <input type="checkbox"/> Public speaking with large groups                       | <input type="checkbox"/> Public speaking with small groups  |
| <input type="checkbox"/> Partnership Development/Marketing                       | <input type="checkbox"/> Research                           |
| <input type="checkbox"/> Teaching/Training                                       | <input type="checkbox"/> Writing                            |
| <input type="checkbox"/> Data Entry                                              | <input type="checkbox"/> Graphic Design                     |
| <input type="checkbox"/> General Office Work                                     | <input type="checkbox"/> Volunteer Coordination/Recruitment |
| <input type="checkbox"/> Assisting individuals/One-on-One direct client services |                                                             |
| <input type="checkbox"/> Community events coordination/participation             |                                                             |
| <input type="checkbox"/> Other _____                                             |                                                             |

**C. Do you require any special accommodations that the Medicare Grants program should be aware of?**

Yes       No

If yes, please describe: \_\_\_\_\_

**D. Availability (Volunteers)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**E. Are you licensed and able to drive an automobile?**       Yes       No

**F. Please tell us about your work experience, including paid and volunteer positions.**

Are you retired?     Yes       No

If you are working, do you work with people who have Medicare?     Yes     No

If you are working, what kind of work do you do? \_\_\_\_\_

\_\_\_\_\_

Are you currently volunteering?     Yes       No

If yes, what type of volunteer activity? \_\_\_\_\_

\_\_\_\_\_

**G. Are you currently affiliated with any of the following?**

Insurance company, agency, broker, or agent       Yes       No

Financial planning service or agent (including reverse mortgages)     Yes       No

Health insurance claims or billing service       Yes       No

Law firm or legal services organization       Yes       No

If you answered yes to any of the above, please explain:\* \_\_\_\_\_

\_\_\_\_\_

*\* (Coordinator: Any "yes" response should be forwarded to the Medicare Grants Regional Manager for review.)*

**H. Why do you want to become a Medicare Grants volunteer or counselor?**

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**I. Declaration**

I declare that the information provided and statements made in this application are true, complete, and accurate to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a Medicare Grants volunteer/partner is to provide services free of charge to people with Medicare and is not to be used for my personal monetary gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice:** We will only use your personal information to contact you with requests or information you'll need as a program volunteer/partner. We won't share your contact information outside the Medicare Grants program without your permission unless we're obligated by law to disclose it.

**Proof of Valid Driver's License and Current Insurance Coverage**

I, (print name) \_\_\_\_\_  
 certify that I have valid driver's license and current automobile insurance coverage. In the event that my automobile insurance policy or driver's licenses lapses, I agree to notify my Medicare Grants program supervisor immediately.

I acknowledge that I was advised to notify my automobile insurance provider about my Medicare Grants driving activities and to ensure that coverage is in place to provide adequate protection for my Medicare Grants activities.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Volunteer     Partner     Agency Staff (Interview not required)

Interview date: \_\_\_\_\_      Approved for training:  Yes

Interviewer name: \_\_\_\_\_