



**CONFIDENTIAL**

Thank you for your interest in the SMP Hawaii Program.

Enclosed is a job description, application, volunteer assurance and some brochures about this special volunteer opportunity.

Once your application has been processed I will phone you to go over any questions you may have and discuss possible training dates and times.

When would you be available for meetings, trainings and presentations?  
 Would you require special accommodations? \_\_\_\_\_

Please give hour to hour

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

If you have any questions please contact me, Laurie Paleka at (808)586-7317 or toll free at 1-800-296-9422. Or, email: [laurel.paleka@doh.hawaii.gov](mailto:laurel.paleka@doh.hawaii.gov)

**Please return your application to:**

**Executive Office on Aging  
 250 South Hotel Street, Suite 406  
 Honolulu, Hawaii 96813  
 Attn: Laurie Paleka**

I look forward to hearing from you soon,

Laurie Paleka (SMP Assistant)



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## **SMP HAWAII VOLUNTEER POSITION DESCRIPTION**

Title: Senior Medicare Patrol (SMP) Volunteer

Volunteer Responsibilities include: Conducting Medicare fraud prevention educational outreach. Disseminating printed information at community events (fairs). Giving presentations to senior groups in the community. Providing one-to-one counseling to Medicare beneficiaries regarding Medicare fraud. Attending SMP volunteer training sessions and monthly meetings and handing in required paperwork in a timely manner.

Qualifications and skills needed: Must speak, read and write English. Conduct group educational sessions and/or one-to-one counseling. Respond to simple inquiries, make referrals and research complex issues. Assist in community events. Most importantly, interested in advocating for seniors to prevent Medicare fraud and abuse.

Skills desired: Multi-lingual, American Sign Language ability, computer literate, email availability, administration and clerical ability, professional background in health care, education, or consumer protection.

Initial orientation and training will be provided (approx. 20 hours) followed by continual support and training as part of monthly program meetings.

Volunteers are needed on a sign-up basis for group presentations, community outreach (fairs), one-to-one counseling and monthly program meetings.

Estimated hours of service a week– Average of 2-4 hrs based on need.

Volunteer commitment– At least one year

Benefits include– Transportation and Parking Reimbursement, Continuing Education, Peer Support and Volunteer Recognition



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## **SMP HAWAII VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birthday Month \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_

1. How did you learn about the SMP Program?

\_\_\_\_\_

2. Are you presently employed? \_\_\_ Yes \_\_\_ No, Where? \_\_\_\_\_

3. Have you ever worked in the insurance industry?

\_\_\_\_\_

4. If bi-lingual, what other languages? \_\_\_\_\_

5. Are you able to read or write in other languages? Or, Interpret American Sign Language?

\_\_\_\_\_

6. What type of technical equipment do you know how to use? (laptop computer, LCD projector, DVD player, etc.) \_\_\_\_\_

7. Are you willing to make a one year commitment with the SMP program?

\_\_\_\_\_ Yes \_\_\_\_\_ No Shirt Size: Men's \_\_\_\_\_ Women's \_\_\_\_\_

8. This volunteer position may involve working with vulnerable adults and confidential information. We require a criminal background check on all volunteers.

Please provide your Social Security Number: \_\_\_\_\_

**(THIS INFORMATION WILL BE KEPT CONFIDENTIAL)**

9. In the event that you become a certified SMP Volunteer we will need to know who we should notify in the event of an emergency:

Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Contact number: \_\_\_\_\_



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**SMP HAWAII VOLUNTEER ASSURANCES**

As a Senior Medicare Patrol (SMP) Volunteer, I understand that the program requires a commitment to the ideals of the program, and I hereby assure

I am at least 21 years old  Yes  No

I have reliable transportation (car, bus pass)  Yes  No

I will be reliable and conscientious  Yes  No

I agree to be respectful, tactful and diplomatic when working with individuals with respect to race, religion, culture, and sexual orientation  Yes  No

I understand that I may be working with confidential information and I will not share information to anyone outside the SMP program  Yes  No

I agree to participate in a criminal background check  Yes  No

I agree to attend the monthly meeting/training  Yes  No

I agree to submit the required paperwork in a timely manner  Yes  No

\_\_\_\_\_  
**Name**

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