



SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS)
VOLUNTEER APPLICATION Anne Rogers, Statewide Director

SHINE is a Program of the Florida Department of Elder Affairs

www.floridashine.org

PERSONAL INFORMATION	
First Name:	MI: Last Name:
Street Address:	City: Zip:
County:	Home Phone: () -
Email Address:	Cell Phone: () -
Emergency Contact:	Contact Phone: () -
Is Florida your primary residence year round? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what months are you in the state?	Do you have transportation of your own? <input type="checkbox"/> YES <input type="checkbox"/> NO

VOLUNTEER DEMOGRAPHICS This information is not mandatory, however our funding sources require us to recruit and retain a diverse group of volunteers. Anonymous statistics are compiled with data provided.	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: ___/___/___	Race: <input type="checkbox"/> White <input type="checkbox"/> African Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Other

VOLUNTEER EXPERIENCE*		
Organization	Title and Responsibilities	Dates

WORK EXPERIENCE*		
Company	Title and Responsibilities	Dates

POST-SECONDARY EDUCATION* (if applicable)	
Institutions, City/State and Dates for Each	Certificate, Degree or Area of Study

*No specific volunteer, work, or educational experience is required to be a DOEA volunteer. Attach additional page, as needed.

AVAILABILITY

Which days and times are you available to volunteer?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							

LANGUAGE/FLUENCY

Are you bi-lingual or multi-lingual? If yes, please list language and describe level of fluency (i.e. spoken and written, etc.)

CONFLICT OF INTEREST** In order to provide unbiased health insurance counseling holding licenses such as insurance, annuity, etc. may be a conflict of interest. This will be examined on a case- by- case basis. If you currently hold any professional license, please list below.

BACKGROUND CHECK As this volunteer position requires working with vulnerable adults, you will be required to undergo a state and federal background clearance before actively participating with the program. Have you ever been arrested, charged or indicted for violation of any federal, state, county or municipal law, regulation or ordinance? If yes, give details.

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REFERENCES Please list two (2) references you have known at least five (5) years (not family members).

Name	Address	Telephone

PROGRAM REFERRAL How did you hear about the SHINE program? Please check all that apply below.

- TV
 Radio
 Event
 Billboard
 Newspaper
 Brochure/Poster
 Other

If other, please describe: _____

 SHINE Volunteer (list below):

 Website (list below):



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SIGNATURES

By affixing your signature below you certify that all information provided on this application is correct to the best of your knowledge. Furthermore, you acknowledge and understand that you must pass all required background clearances and mandatory SHINE trainings as a condition of volunteer services with the Florida Department of Elder Affairs, SHINE Program.

Applicant Signature:

Date : ____/____/____

LOCAL SHINE PROGRAM Use Only

Initial Screening Interview Complete Application to DOEA Training Scheduled

Liaison Signature:

Date: ____/____/____

Area Coord Signature:

Date: ____/____/____

DOEA Use Only

Received: / / Approved: / / Entered: / /

Volunteer Services Staff Signature: