

## Delaware Senior Medicare Patrol (SMP) Volunteer Application

**Join our team as a volunteer and become a First State Fraud Fighter!** DE SMP relies on volunteers like you to help us in our mission to help Medicare beneficiaries, their families and caregivers Protect, Detect and Report Medicare errors, abuse, and suspected fraud.

**The DE SMP program matches a volunteer's skills and interests to the needs of the program.** There are five types of activities most commonly conducted by DE SMP volunteers: Administration, Counselor, Distributor, Event Ambassador, and Presenter. To learn more about these roles, please visit <https://smp.dhss.delaware.gov/volunteer/>

**You may mail your completed application to:**  
Barbara Jackson  
Delaware SMP NCC Volunteer Services DHSS  
1901 N. DuPont Hwy., Lewis #256  
New Castle, DE 19720

**Or send it via email to:**  
barbara.jackson@delaware.gov

**If you have any questions or need assistance completing this application,** please feel free to call 302-255-9642 or email at [Barbara.jackson@delaware.gov](mailto:Barbara.jackson@delaware.gov). Please note that incomplete applications will not be processed.

### Contact Information

Applicant Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Method and Time to Reach You: \_\_\_\_\_

Emergency Contact Person Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Applicant Information

1. Do you speak any languages other than English? Please list language(s):

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

*If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the Delaware SMP volunteer position. If you need additional space, please attach another sheet of paper.*

A. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role:  Paid employee     Volunteer     Other

B. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role:  Paid employee     Volunteer     Other

C. Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

Years: \_\_\_\_\_ to \_\_\_\_\_

Role:  Paid employee     Volunteer     Other

3. Please describe any skills or experience that would enable you to perform the duties of a Delaware SMP volunteer.

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4. Do you have any medical conditions that may affect your ability to function as a Delaware SMP volunteer, or do you require any special accommodations that the SMP Delaware Volunteer Services Coordinator should be aware of?  Yes  No

*If yes, please describe:*

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

*If you will be driving to and from Delaware SMP events or to conduct Delaware SMP outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.*

6. Certain conflicts between personal interests and the interests of the Delaware SMP program may exist and could prevent a person from serving as a Delaware SMP volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP Delaware program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

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## **Interest in the Delaware SMP Program**

1. How did you learn about the Delaware SMP program?

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2. Please tell us why you would like to become an Delaware SMP volunteer, and if there is a specific role you feel you're best suited for?

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3. Please indicate the days and times that you are usually available. Roles can be intermittent in nature for flexibility.

	<u>Mon.</u>	<u>Tues.</u>	<u>Weds.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications. (If the reference is a supervisor or co-worker, please note the organization for which she or he works.)

A. Name (first and last): \_\_\_\_\_

Phone number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Name (first and last): \_\_\_\_\_

Phone number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

C. Name (first and last): \_\_\_\_\_

Phone number: \_\_\_\_\_ How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

## Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize Delaware SMP to contact the references named below with regard to my application to become an Delaware SMP volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

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

If unable to sign traditionally, a digital signature/typed text is acceptable in this space.

Updated: June 18, 2024

Supported by grant number 90MPPG0028 from the U.S. Administration for Community Living (ACL), Administration on Aging (AoA), Department of Health and Human Services. For more information about DE SMP, please visit <https://smp.dhss.delaware.gov/about/>