

# Volunteer Benefits Counselor Application

Health Information, Counseling and Advocacy Program  
(HICAP)

Please Print!

Date \_\_\_\_\_

Name \_\_\_\_\_

Other Names Used (Maiden Name, Nicknames) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Employment Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_

If employed, nature of work \_\_\_\_\_

Are you fluent in any language besides English & including sign? \_\_\_\_\_ If yes, what language(s)? \_\_\_\_\_

Do you have transportation? \_\_\_\_\_ If no, how will you travel to volunteer location?  
\_\_\_\_\_

What experience do you have working with the elderly? \_\_\_\_\_  
\_\_\_\_\_

List any volunteer experience you have had: \_\_\_\_\_  
\_\_\_\_\_

What computer skills/experience do you have (including internet)? \_\_\_\_\_  
\_\_\_\_\_

Are you affiliated with a business or do you personally provide private pay services to the elderly? \_\_\_\_\_ If yes, please detail in full \_\_\_\_\_  
\_\_\_\_\_

Briefly describe why you want to become a volunteer for the Texas Health Information, Counseling and Advocacy Program \_\_\_\_\_

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When are you able to begin the program? \_\_\_\_\_

Please describe what kind of time would you like to give and in what capacity?  
(1x/week, 2x/week, 1x/month, 2x/month, 1x/quarter, 2x/year, 1x/year, days, evenings, other)

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Have you ever been convicted of a felony or misdemeanor, or are you currently under indictment for any crime classified as an offense against a person or family, public indecency, or the Controlled Substance Act? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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*(If yes, you may be asked to supply additional information in order to determine the appropriateness of a volunteer placement.)*

Please list three references who are NOT relatives:

	<b>Name</b>	<b>Address</b>	<b>Phone</b>
1			
2			
3			

### **Volunteer Agreement**

I affirm that the information I have provided is true and correct to the best of my knowledge. I understand that I will begin service here on a reciprocal trial basis. I will receive orientation and training as needed. If the arrangement is not mutually beneficial, my service may be concluded without repercussion. I also understand that there is no promise of future employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_