



Volunteer Inquiry Form



Presentation Site: _____ Date: _____

Name: _____

1. Would you like more information on the SMP Program? (Please circle)

Yes No N/A (if already SMP volunteer)

If yes, please provide your contact information (address, phone, e-mail)

2. If interested in becoming a SMP volunteers, please select the position that is of most interest to you.

- Counselor:** become a new member or maintain current SHIIP work responsibilities. Gain more knowledge in Medicare/Medicaid fraud. Refer potential fraud issues to the SMP Local Coordinator.
- Buddy:** accompany the local SMP coordinator to community outreach presentations. Help distribute material to participants. Work at booths during resource and health fairs. Must enjoy working with the public.
- Leader:** arrange fraud presentations at senior centers and other locations where beneficiaries congregate. Simply have groups watch a DVD on the subject or do informal presentations. You will shadow the local SMP coordinator until you feel comfortable presenting on your own. A presentation packet and unlimited material will be provided. Minimal reporting is required.
- Maverick:** endless opportunities as you mix and match between positions.
- Director of Operations:** schedule presentations for the local SMP coordinator. Assist with data entry. Must have good organization skills and like talking on the phone. Good communication with the local SMP coordinator is essential. This position allows you to work from home.

Thank you for your response.