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Thanks also to the members of the Volunteer Expansion Statewide Workgroup: Judy Steinke, Connie Gengle, Kim Gogan, Denise Grossman, Candace Corbett, Peg Nugent, Alice Kowalski, Mary Mezera, Michele Martinez, Tracy Stewart, and Rita Cairns.
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Why Establish A SHIP Volunteer Program?

There are many reasons why local SHIP agencies might want to either start or expand local volunteer programs. The most important perhaps is that the needs of the community are greater than SHIP staff alone can handle, particularly just before and during the annual Part D enrollment period. SHIP volunteers should be used to augment, not to supplant current staff.

Some local SHIP agencies already utilize volunteers in many different areas. For example, volunteers answer phones, do mailings, schedule appointments, develop contact lists, compile outreach information packets, and maintain SHIP files. Other volunteers help the benefit specialist by entering the client’s personal prescription drug information into the Plan Finder and by printing comparisons. Others key in SHIP related activities in the database. Some may assist clients with the Low Income Subsidy (LIS) and Medicare Savings Plans (MSP) applications. Some may even counsel beneficiaries on their Part D options.

How you wish to use volunteers depends entirely on your needs and circumstances. Depending on assigned duties, the SHIP volunteer may require little or in-depth training. Regardless of assignment, all volunteers must know and agree to meet your expectations, so that your limited time and resources will go to train and supervise only on individuals who are ready to make a commitment.

Where to Start

Planning

- You should assess your agency’s needs to see how volunteers would fit in assisting with SHIP related activities. Discuss and share your ideas for the volunteer program with others in the agency. Do you need assistance with clerical tasks, outreach, Plan Finder, or Part D counseling? Do you have the capacity to support volunteers with workspace and equipment? If space is a problem, could volunteers be based at a senior center, or nutrition site?
- Establish a budget for volunteer management activities. Do you have money to print flyers, pay mileage, or buy small items to recognize your volunteers?
- Prepare for new volunteers by establishing policies and procedures. See model “Volunteers’ Policies and Procedures,” on page 11 and adapt for your local needs.
- Attract a variety of volunteers by designing recruitment brochures that list available roles (e.g., clerical, outreach, education, counseling). See model brochure on page 19.
- Use a SHIP Volunteer Job Description to recruit the right individual for the appropriate task: specify the skills needed, the training provided and the required time commitment. See Model Job Description on page 21.
• Ask prospective volunteers to complete a SHIP Volunteer application so you can learn their qualifications and strengths. See Model SHIP Volunteer Application on page 23.

• A criminal background check should be required of all prospective volunteers for the protection of the clients and the agency. See http://wi-recordcheck.org/ for information on how to setup an account with the Wisconsin Department of Justice. You may either print the forms needed to obtain record checks by mail, or submit an online request for record checks at this link.

• Volunteer candidates should be interviewed prior to actual recruitment, to see if they will be a good fit for your agency, before you spend time and resources in training them.

• Volunteers should sign a SHIP Volunteer Agreement to ensure that they clearly understand the Ships’ expectations. See Model SHIP Volunteer Agreement on page 41.

• Determine the level of training each category of volunteer will need and decide who will provide the training. The SHIP provides web based trainings in the following areas: Medicare Basics, How to use the Plan Finder, Part D Updates, and a SHIP tutorial. Web based trainings are listed in the reference list on page 59. A SHIP Training Manual is available beginning on page 61 of this Guide.

• Determine how volunteers are going to be supervised, monitored and evaluated: beyond initial training, consider mentoring and shadowing, as well as role playing and case studies, to help volunteers gain confidence. Be sure to provide yearly trainings for updates. Information on yearly web based training updates sponsored by the Wisconsin SHIP will be distributed to SHIP local agencies as they become available.

Recruitment
Spending time in recruiting the 'right' volunteers will pay off in the long run.

After determining the role that you want volunteers to fill at your SHIP, develop a recruitment plan. Identify businesses, organizations, faith communities, and individuals who are likely to be helpful in reaching and identifying prospective volunteers. Ask current volunteers, co-workers, or partner agencies to promote SHIP volunteer opportunities at community events and during counseling sessions. Promote SHIP volunteer opportunities each time you give a presentation or participate in a health fair or other fair. Ask people to volunteer! People are more likely to help when asked to do so.

Distribute recruitment brochures widely. See model Recruitment Brochure on page 19. You may go on your local radio station or community cable T.V. to talk about the SHIP and the need for volunteers. You may post the Recruitment Brochure on social media sites, such as Facebook, Twitter, etc.

Community partners that could help you recruit new volunteers include:
• Agency Advisory Boards
• Retired employees from your agency
• 55+ communities
• AARP
• Alumni Associations
• Civic or social organizations (Kiwanis, Lions, etc. etc.)
• Colleges or universities
• Retiree Associations (e.g., retired teachers, retired pharmacists, retired federal employees, retired accountants)
• Faith-based institutions
• Professional associations
• Senior Medicare Patrol
• Senior Centers or Senior Clubs
• Ethnic-based organizations
• Libraries
• Banks
• Grocery stores
• Post your volunteer needs on websites such as:
  http://www.volunteermatch.org/
  http://www.nationalservicereresources.org/resources-specific-groups/senior-corps

Using web based volunteer matching programs can increase the likelihood of finding computer savvy volunteers.

Make it easy for prospective volunteers to apply for positions: provide stamped, self-addressed envelopes to return completed applications, and be prepared to accept applications by fax or e-mail. Include volunteer opportunities in your section of the agency website with a PDF or online application. Retain a log of those who express an interest and follow up.

To be successful, SHIP volunteer recruitment must be a continuous effort. Don’t wait until the Annual Enrollment period, instead recruit volunteers in spring and summer, and start training them so they can be ready to assist when the busy Annual Enrollment period begins. Find opportunities for meaningful practice or service as soon as the volunteer(s) are trained.

Interview and Orientation
After receiving an application from a volunteer, conduct an interview. Successful candidates should be invited to an orientation session. A Model SHIP Welcome and Orientation Letter is found on page 49. Be prepared to say no if you feel an individual will not be a good fit. You may offer alternative volunteer options.

During the orientation session, explain the SHIP’s goals and objectives, discuss specific policies and procedures, such as confidentiality requirements, record-keeping, travel reimbursement, SHIP reporting duties (if applicable), and when to make referrals to other staff. At this time, all volunteers must also sign an Agency Confidentiality Agreement (See sample on page 47). Note that volunteers SHIP Counselors whose
duties include beneficiary Part D counseling must also sign a SHIP Confidentiality Agreement prior to obtaining a SHIP Unique ID. The SHIP Unique ID allows SHIP counselors to talk to Medicare and certain other Customer Service Representatives (CSRs) without the beneficiary being present. Questions about the SHIP Unique ID should be directed to the local SHIP Agency Administrator or to the State SHIP Director.

Review the agency’s publications and information resources with the volunteer; explain the procedures for scheduling and assigning work. Explain the training requirements, and provide a schedule for the trainings. Allow the volunteer to ask questions. Before the end of the session, give the volunteer a Volunteer Agreement Form to read and sign prior to receiving any training.

Managing Your SHIP Volunteer Program

Training
Depending on what duties the volunteer is expected to perform, training may vary from providing the volunteer some basic information about the SHIP, and reviewing the assigned clerical or outreach tasks, to an in-depth training on Medicare and related topics. Initial SHIP training about Medicare and related topics should be from 10 hours to 15 hours in length. This training should include some way for mastery of materials, such as role playing, case study, and modeling by the experienced SHIP counselor. If the volunteer is expected to key data in the database, there should be additional training in this area. The experienced SHIP counselor should be readily available to answer questions when the volunteer begins to do independent Part D counseling. For technical volunteers, consider providing a certificate and a name-tag.

The SHIP provides web based trainings in the following areas: Medicare Basics, How to use the Plan Finder, Part D Updates, and a SHIP tutorial. Contact the SHIP Director to schedule a SHIP Tutorial. Web based trainings are listed in the reference list on page 63. A SHIP Training Manual is available beginning on page 61.

Volunteers who do Part D counseling or use the Plan Finder must receive yearly training for updates and refreshers on confidentiality and reporting requirements.

Training programs should be evaluated periodically. A training evaluation sheet could include questions such as the usefulness of resource/ training materials, which parts of the training the volunteer liked/ disliked and what could be improved. If there is room for improvement, act upon it as part of your evaluation.

Retention
SHIP volunteer positions offer great learning opportunities, meaningful work, as well as gratitude and appreciation from beneficiaries and caregivers. Still, there is more you can do to promote volunteer retention in your program.

• Make it easy for volunteers to do their work: Give them a space in the office and provide basic office supplies, including a calendar and a phone, if
applicable. Let them know who is there to answer their questions during your absence.

- **Keep volunteers in the loop:** Volunteers appreciate your efforts to keep them informed about matters that directly impact their work, such as program updates. They also appreciate knowing about program activities - such as results of outreach efforts. If you use social media such as Facebook and Twitter, you may post updates on these sites.

- **Elicit Feedback:** Periodically, find out how the volunteer feels about his or her work, and whether they have any suggestions for improvements to make their work more satisfying. To the extent possible, implement their suggestions: your volunteer is more likely to donate his time where his/her feedback counts. A SHIP Volunteer Feedback Form is available on page 51. Use this form on an annual basis, as a quality improvement tool.

- **Recognize volunteers for their services:** Everyone appreciates a pat on the back for a job well done. You can contribute to your volunteer’s motivation through both informal and formal means of recognition. Regardless of the method, such as an oral or written thank you, or an award presentation at an annual banquet, recognition is most effective when it’s timely, specific to the task or achievement, honest, generous and personalized.

- **Use a recognition planning calendar:** Decide on recognition methods you prefer and can afford, and plug them into the calendar. Sending a greeting card or creating a special award for exemplary service are just a couple of ways to recognize volunteers.

- **Conduct exit interviews:** Exit interviews are useful because they can indicate how things are going, and you may be able to identify trends in why volunteers leave. Volunteers are more likely to be open about their reasons for leaving, especially if someone other than the volunteer’s supervisor is conducting the exit interview. Use all relevant feedback to improve your volunteer program and thereby increase the success of retention rates in the future.

**Monitoring**

After initial training, mentoring and shadowing, volunteer activities should be monitored by a designated supervisor. Monitoring activities may include, for example, listening in as volunteers meet or call clients. Periodically, the supervisor should meet with the counselor to conduct a performance evaluation. Volunteers should not exceed the scope of their role and agreed upon expectations.

**Managing Risk and Liability**

Federal Law (Public Law 105-19) is usually referred to as the “Volunteer Protection Act of 1997.” In the Act, a volunteer is defined as an individual who performs services for a governmental entity or non-profit organization and who receives no compensation for the services performed other than reasonable reimbursement for expenses, such as transportation costs, or occasional gifts in lieu of compensation, such as a plaque or attendance at a recognition banquet.
For the Federal protections to apply:

1) **The volunteer must act within the scope of his or her responsibilities to the sponsoring non-profit or governmental agency.** In the SHIP context, a volunteer will be engaged in activities such as clerical, outreach or counseling, as directed by the local SHIP program supervisor, and

2) **The volunteer must complete the required training, including yearly training to learn about updates.**

Note that volunteers are not protected from liability if they engage in willful or criminal misconduct, gross negligence, reckless misconduct, or who act with conscious and flagrant indifference to the rights or safety of the person harmed, including operating a vehicle for which the state requires an operator’s license or liability insurance.

Moreover, the Protection Act doesn’t prevent a judge from finding that the sponsoring organization or agency is liable for a volunteer’s action, or failure to act.

To safeguard from risk, the local agency must:

- Clearly establish the scope of the volunteer responsibilities
- Have a signed Volunteer Agreement that details the expectations for the position
- Conduct new counselor orientation and regular refresher or updated training
- Outline policies and procedures in a Volunteer Manual
- Include an Authorization for Release of Information, through which clients designate the purposes for which they are giving private health information and authorizing how SHIP volunteers may use the information. See Authorization for Release of Information on page 57.
- A Disclaimer Form for clients that describes the volunteer counselor role, what guidance to expect, client responsibility for decision making, and a disclaimer that counselors cannot advise clients to choose one plan over another. See form on page 55.
- Require case progress notes by volunteers on each case the volunteer is handling and monitor their work by periodically reviewing their notes.
- Monitor volunteer activities
- Have periodic counselor/supervisor meetings to review progress and perform an evaluation.
- Have insurance coverage for the volunteer through the local agency’s liability carrier.
Table 1. “Volunteer Management Chart: A 6-Step Process”

<table>
<thead>
<tr>
<th>Step</th>
<th>Action to Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Volunteer expresses interest in volunteering</td>
<td>Thank him/her, and send them a Volunteer Application Form to complete.</td>
</tr>
<tr>
<td>2. Application form Arrives</td>
<td>Review to ascertain that the individual is a good fit for the SHIP, including a personal interview and background check. If they are not a good fit, give them a call or send them a note stating that you can offer them an alternative volunteer opportunity within your agency. If they are a good fit, send them a ‘Welcome and Orientation Letter’ and a Volunteer Agreement form to review. The Volunteer Agreement should be brought back to the Orientation Session to discuss the time commitment and to clarify any questions that the volunteer might have.</td>
</tr>
<tr>
<td>3. Orientation Session</td>
<td>During the session, go over the Volunteer Job description, the Volunteer Agreement form, and the Confidentiality Form. Volunteers who don’t sign an agreement should not be invited to volunteer. Signing a Volunteer Agreement means that the volunteer is committing to helping out for a certain number of months, making the time you will invest in training them worthwhile. Volunteers who will act as SHIP Counselors will also need to sign a SHIP Confidentiality Agreement for receipt of a SHIP Unique ID. Send the signed original to the SHIP director by regular mail. Go over policies and procedures. Show them their space, introduce them to other staff. Explain who will be supervising them. If the volunteer is ready to go forward, explain the training requirements and let them know when to expect training. Give them the Volunteer Training Manual to take home and look over, as well as a copy of the policies and procedures.</td>
</tr>
<tr>
<td>4. Training</td>
<td>Training will include ten to fifteen hours on over a period of several days. Training will include case examples and scenarios that the volunteer may encounter in the course of their work. There will be shadowing of the experienced SHIP Counselor. The experienced SHIP Counselor will be available to answer any questions, and may sit in with the volunteer during the initial period. Once the volunteer feels comfortable and the experienced SHIP Counselor believes the volunteer is ready, independent work can begin. Updates and refresher trainings should be provided at least one time per year.</td>
</tr>
<tr>
<td>5. Feedback</td>
<td>When the volunteer ends their time commitment for the year, they should complete a Volunteer Feedback Form.</td>
</tr>
<tr>
<td>6. Recognition</td>
<td>Don’t forget to recognize your volunteers and the staff who trains and supervises them!</td>
</tr>
</tbody>
</table>
SHIP MODEL DOCUMENTS

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Volunteer Policies and Procedures

Overview

1.1 The SHIP Volunteer Program
The mission of the State Health Insurance Assistance Program (SHIP) is to offer one-on-one counseling and assistance to people with Medicare, and to their families and caregivers.

Trained volunteers enhance the mission of the SHIP whether they assist with Part D during the busy Annual Enrollment Period (AEP), or provide help with clerical or data entry tasks, or they conduct other SHIP related activities as assigned by the supervisor. The SHIP accepts and encourages the involvement of all volunteers at all levels of the SHIP, according to volunteer preferences and training.

1.2 Purpose and Scope of SHIP Volunteer Policies
The purpose of these policies is to provide overall guidance and direction to management, staff, and volunteers.

These policies are intended for internal management guidance only. They do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. Policies may change over time, and if and when they do, the SHIP expects adherence to the changed policy.

1.3 Role of the local Volunteer Program Coordinator/Supervisor
The local Volunteer Program Coordinator/Supervisor provides a central coordinating point for effective volunteer management, and directs and assists volunteers so that they can provide effective services. The Volunteer Program Coordinator/Supervisor takes primary responsibility for planning for effective volunteer utilization, for identifying productive and creative volunteer roles, for recruiting suitable volunteers, for training volunteers effectively, and has the discretion of tracking and evaluating the statistical data reflecting the contribution of volunteers to the local agency.

1.4 What is a Volunteer?
A "volunteer" is anyone who chooses to perform services for the SHIP without compensation or expectation of compensation (beyond reimbursement for pre-approved specified expenses), and who performs a task at the direction of and on behalf of the local SHIP agency. A "volunteer" must be officially accepted by the local agency prior to performance of the task. Volunteers are not employees of the local agency.

1.5 Service at the Discretion of the Local Agency
The local agency accepts the service of volunteers with the understanding that such service is at the sole discretion of the local agency. Volunteers understand that the local agency may at any time, for whatever reason, decide to end the volunteer relationship.
The volunteer may at any time, for whatever reason, decide to sever the volunteer's relationship with the local agency. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

1.6 Volunteer Standards and Responsibilities
Volunteers represent a valuable resource for the SHIP. Volunteers will receive initial trainings as well as yearly updates to keep abreast of Medicare changes. When uncertain, before advising Medicare beneficiaries about options or before giving advice, volunteers must either consult or refer the beneficiary to the experienced SHIP Counselor.

*It is improper for volunteers to steer beneficiaries towards the purchase of one plan over another.* The volunteer must only present available options so that beneficiaries shall make their own enrollment decisions.

Prior to starting their duties, SHIP volunteers must sign a Confidentiality Agreement. SHIP Volunteers whose duties include counseling Medicare beneficiaries must also sign a SHIP Confidentiality Agreement prior to obtaining a SHIP Unique ID. The SHIP Unique ID allows SHIP Counselors to discuss beneficiaries’ issues and problems with Medicare and certain other Customer Service Representatives without the beneficiary being present. To obtain a SHIP Unique ID, contact the local SHIP Agency Administrator or the State SHIP Director.

Volunteer Management Procedures

2.1 Conflict of Interest
No person who has a conflict of interest with any activity or program of the local agency shall be accepted or be allowed to continue to serve as a volunteer, including insurance agents, insurance brokers and financial planners.

2.2 Maintenance of Records
SHIP Volunteer personnel records shall be accorded the same confidentiality as staff personnel records.

2.3 Confidentiality
Volunteers are responsible for maintaining the confidentiality of all appropriate or privileged information to which they are exposed while serving as volunteers, whether this information involves the organization, clients, staff, or other volunteers. Failure to maintain confidentiality will result in ending the volunteer’s relationship with the local agency.

2.4 Worksite
An appropriate workstation will be established for volunteer use prior to the enrollment of volunteers. This workstation should contain necessary facilities, equipment, and
space to enable the volunteer to perform their duties. Counseling activities require a space where SHIP volunteers can discuss beneficiaries’ issues in private.

**2.5 Dress Code**
As representatives of the local agency, volunteers are responsible for presenting a good image. Volunteers shall dress appropriately for the conditions and performance of their duties. If issued a nametag, volunteers are required to wear it while they are working on their volunteer assignment.

**2.6 Time Reporting**
Individual volunteers are expected to maintain accurate records of the time they have volunteered. Volunteer supervisors are responsible for tracking these hours for the yearly SHIP Resource Report.

**2.7 Risk Management/Safety**
Volunteers who are injured or who are involved in an accident during their volunteer assignment must report the accident immediately to their supervisor. Any on the job injuries are covered only by the agency’s Worker’s Compensation program.

Volunteers will limit the scope of their activities to those that have been assigned to them by their supervisor.

**Volunteer Recruitment and Assignment**

**3.1 Volunteer Assignments**
Volunteers should have clear, complete, and current descriptions of the duties and responsibilities of their assignment(s).

Before a volunteer is recruited or assigned, a description should be developed for the volunteer assignment(s). This volunteer description should be reviewed with and given to each accepted volunteer.

Volunteer descriptions should be reviewed and updated at least every three years by the volunteer supervisor, or whenever the position changes substantially. Descriptions should usually include a summary of the assignment, a title, a listing of responsibilities and qualifications, any training requirement, the time commitment needed for the assignment, the supervisor and the worksite location.

**3.2 Recruitment**
Volunteers shall be recruited by the local agency with the intent of broadening and expanding the SHIP volunteer base. Volunteers may be recruited either through an interest in specific functions or through a general interest in volunteering which will be matched with a specific function.
3.3 Interviewing
Prior to being assigned, all SHIP volunteers should be interviewed to ascertain their suitability for and interest in that assignment. The interview should determine the qualifications of the volunteer and their commitment to fulfill the requirements of the assignment; and it should answer any questions that the volunteer has about the assignment(s). A reference check may be made by the volunteer supervisor if appropriate.

Whenever possible, staff who will be working with the volunteer should participate in the design and conduct of the interview. Final assignment of a potential volunteer should not take place without review and approval of appropriate staff with whom the volunteer will be working.

3.4 Criminal Records Check
Volunteers will be asked to submit to a background criminal check. The cost will be paid by the local agency. Volunteers who do not agree to the background check may be refused assignment.

3.5 Placement
In placing a volunteer in an assignment, attention should be paid to the interests and capabilities of the volunteer and to the requirements of the volunteer assignment. No placement should be made unless the requirements of both the volunteer and the supervising staff can be met: volunteers should not be assigned to "make work" assignments nor should assignments be given to an unqualified volunteer.

3.6 Acceptance and Appointment
No volunteer should begin performance of an assignment until they have been officially accepted for that position and have completed all necessary screening and paperwork. At the time of final acceptance, each volunteer should have completed a volunteer application and received a copy of their volunteer description.

3.7 Reassignment
Volunteers who are at any time reassigned to a new position should be interviewed for that assignment and should receive all appropriate orientation and training for that assignment before they begin. In addition, any screening procedures appropriate for that specific assignment should be completed, even if the volunteer has already been on a previous assignment with the local agency.

3.8 Professional Services
Volunteers shall not perform professional services until they have completed training and until the supervisor has determined that the volunteer is ready to discharge the duties of his/her assignment(s).

3.9 Length of Service
A predetermined time commitment should be developed with each volunteer assignment. At the end of their commitment, this should be re-negotiated.
Volunteer Training and Development

4.1 Orientation
Volunteers are given an opportunity to attend a general orientation on the nature, purpose, and mission of the SHIP local agency; review of the volunteer program; and, a tour of the institution.

4.2 Training
Volunteers should receive training by their volunteer supervisor to provide them with the information on 1) Knowledge and skills necessary to perform their volunteer assignment, 2) The operation of the program encompassing their volunteer activity, and 3) The purpose and requirements of the assignment. The timing and methods for delivery of such training should be appropriate to the complexity and demands of the assignment and the capabilities of the volunteer.

4.3 Staff Involvement in Orientation and Training
Staff members who are responsible for supervising volunteers should have an active role in the design and delivery of both orientation and training of volunteers. Those staff who will direct volunteers should have primary responsibility for design and delivery of on-the-job training to volunteers assigned to them.

Volunteer Direction and Feedback

5.1 Volunteer Direction
Each volunteer who is accepted by the local agency should have a staff person providing direction for the volunteer assignment. This staff person should be responsible for day-to-day management and guidance of the volunteer, and should be available to the volunteer for consultation and assistance. Paid staff who direct volunteers should have these responsibilities identified in their position descriptions.

5.2 Direction given by Volunteers
A volunteer may direct other volunteers, provided that the directing volunteer is under the direct supervision of a paid staff member.

5.3 Volunteer/Staff Relations
Volunteers and staff are considered to be partners in implementing the mission and programs of the local agency, with each having a complementary role to play. Each partner should understand and respect the needs and abilities of the other.

5.4 Acceptance of Volunteers by Staff
Volunteers should not be assigned to a staff person without the consent of that staff person, in consultation with their supervisor. Since volunteers are considered a valuable resource in performing the local agency’s work, staffs are encouraged to consider creative ways in which volunteers might be of service and to consult with the Agency’s Director if staff members feel the need for additional training or assistance.
5.5 Lines of Communication
Volunteers should have access to information pertinent to their assignments. This may include: appropriate memos, materials, and meetings. To facilitate the receipt of this information on a timely basis, volunteers should be included on appropriate distribution schedules and may be assigned a site or mailbox for receipt of information distributed in their absence. Primary responsibility for ensuring that the volunteer receives such information should rest with the staff directing the volunteer. Lines of communication should operate in both directions and should exist both formally and informally. Volunteers should be informed regarding decisions which would substantially affect performance of their duties.

5.6 Absenteeism
Volunteers are expected to perform their duties on a scheduled and timely basis. If expecting to be absent from a scheduled duty, volunteers should inform their staff supervisor as far in advance as possible so that alternative arrangements can be made. Continual absenteeism may result in a review of the volunteer's work assignment or term of service, and could result in ending the volunteer's relationship with the local agency.

5.7 Staff Involvement in Volunteer Feedback
Staffs who direct volunteers should use the feedback form and evaluate work assignments of volunteers annually.

Volunteer Support

6.1 Reimbursement of Expenses
Volunteers may be eligible for reimbursement of reasonable expenses incurred while undertaking business for the local agency. Examples of these expenses include mileage, meals, out of pocket expenses, travel and parking. Prior approval must be sought for any reimbursable expenditure.

6.2 Recognition
The local agency plans to hold an annual recognition to highlight and recognize the contributions of volunteers who have contributed service to the local agency. All staff responsible for volunteer supervision are encouraged to undertake ongoing methods of recognition of volunteer service on a regular basis throughout the year. These methods of informal recognition should range from simple "Thank you" to a concerted effort to include volunteers, as appropriate, in program planning, decision making, and implementation.

The local agency should also design a program for recognition of staff who works well with volunteers.
6.3 Volunteer Opportunities
Volunteers are encouraged to develop their skills while serving with the local agency. They may be assisted through new volunteer opportunities to assume additional and greater responsibilities.

Other Policies

7.1 Political and Civic Activities
Political and civic activities must be conducted on the volunteer’s own time and without the use of the local agency’s name or materials. As a general rule, all political and civic activities should be conducted outside of work or volunteer assignment. A volunteer may not display or distribute political or civic materials on local agency’s property.

7.2 Sexual Harassment
Sexual harassment will not be tolerated in the work place. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Any incident of sexual harassment must be reported to the supervisor, or to a member of management, or a member of the human resources department.

7.3 General Harassment
Harassment based on race, color, creed, religion, national origin, sex, sexual preference or orientation, disability, age, marital status, or status with regard to public assistance will not be tolerated.

7.4 Zero Tolerance of Violence
Violence will not be tolerated on or around the local agency’s premises either by or against staff members, volunteers, or members of the public.

Any incident of violence should be reported promptly to the appropriate supervisor, or a member of management, or a member of the human resources department.
Looking for Meaningful Ways to Help?

Join the SHIP Volunteer Team
We need people with a desire to help their community, who have computer skills and are Internet-savvy, especially during the annual prescription drug enrollment period.
(October 15—December 7)
Not interested in computers? There are other ways you can assist.

Training will be provided at <insert location here> or say “a location near you”>

Call us today for an application!
Your phone #

Wisconsin SHIP
Wisconsin’s State Health Insurance Assistance Program consists of agency professionals who offer free, confidential insurance counseling for people on Medicare.
You can make a difference while learning valuable skills. We need your help to meet this growing need. Come join our SHIP team and help beneficiaries navigate a maze of decisions involved in planning their health care coverage.

Be an important Volunteer!

Join the Wisconsin SHIP
and Help Others!
(State Health Insurance Assistance Program)

Your agency Logo here

LOCAL HELP FOR PEOPLE WITH MEDICARE

Many Opportunities to be a SHIP Volunteer Team Member

The SHIP Volunteer Team of <your county or agency> was developed as part of our State Health Insurance Assistance Program (SHIP) to increase our capacity to educate, counsel, and assist people on Medicare. Volunteers help to:

- Evaluate and make informed plan choices during the Annual Enrollment Period.
- Connect those with limited incomes to benefits they deserve.
- Educate others about their health insurance options.

Reasons to join the SHIP Team:
- Assist with outreach activities
- Give valuable clerical support
- Learn to navigate the benefits and tools of Medicare health coverage.
- Help others make sound choices about their Medicare plans.
- Save people money & make sure they can get the drugs they need.
- Assist your community.
- Experience professional growth.
- Meet new people.
- Receive expert knowledge, training & guidance.
- Bring peace of mind to confused seniors.

Please note: Insurance agents, insurance brokers, and financial planners are not eligible to serve as SHIP volunteers.

Volunteer Opportunities

Intake Volunteer
Gathers needed information and schedules appointments.

Part D PlanFinder Expert
Enters drug lists, helps screen for benefits, prints comparisons. May help individuals enroll into Part D plans.

Hospitality Coordinator
Facilitates flow of Medicare beneficiaries being assisted at appointments

Clerical Assistant
Maintain records, mail out plan comparisons, possibly enter data into reporting systems.

SHIP Volunteers say: “We enjoyed the people we met working at the commission. We wanted to give back to them as well as continue to serve our community of seniors.”

“It’s a way to stay mentally and socially active. Plus, retirees can readily empathize with the needs of the aging.”

“I knew from experience that Medicare issues baffled and intimidated most citizens. I had the interest and I thought that perhaps my talents could be of use.”

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SHIP Volunteer Position Description

**Purpose:** The position of SHIP Volunteer is to assist older adults in enrolling for Medicare Part D plans and/or referring to other prescription drug assistance programs available such as Low Income Subsidy (LIS) or SeniorCare. The position is designed to aid older adults in choosing a Medicare part D plan that suits their individual needs.

**Job Title:** Part D PlanFinder Expert

**Location:** The SHIP Volunteer program is conducted at

**Key Responsibilities:**
1. works to provide assistance to older adults during open enrollment
2. enters prescription medicine lists in the PlanFinder
3. prints comparisons and list of entered drugs
4. assists older adults in understanding the PlanFinder and the options provided
5. assists with LIS and SeniorCare applications

**Reports to:**
The Part D PlanFinder Expert needs to be available for the Medicare Part D enrollment period from October 15th through December 7th. In addition to the enrollment period each volunteer will be required to attend a minimum of 3 separate 1/2 day training sessions that will be scheduled prior to the Medicare Part D enrollment start date. The volunteer is welcome to assist the ADRC through other assignments if desired by both the Volunteer and Supervisor of the Volunteer program.

The Part D PlanFinder Expert position requires a minimum commitment of 2 days a week for 4 hour periods on assigned days through the Medicare Part D enrollment period in addition to the above mentioned trainings.

The Part D PlanFinder Expert will not be or have any immediate family member who is an active insurance salesperson. All volunteers specific to this volunteer position will be 18 years of age or older and those
1) who have gone through the required training,
2) who pass a criminal history record check and,
3) have read and signed the confidentiality agreement.

Training will be provided. In addition, the supervisor of the SHIP volunteers is available on an on-going basis to answer questions and provide other assistance as needed.

Benefits to the SHIP Volunteer:
Wisconsin SHIP Volunteer Application

Applicant’s Name____________________________________________________
Street Address______________________________________________________
City ____________________ Zip Code______________________________

Home Phone: ____________________ Cell Phone: ______________________
Email: ________________________________

Emergency Contact: ________________________________

Why are you interested in volunteering with SHIP?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Please check your skills and interests (check all that apply)
_____ Computer/Internet) _____ General Clerical
_____ Data entry _____ Public Speaking
_____ Teaching / Training _____ Organizing / Scheduling
_____ Graphic Design  _____ One-on-one client service

Availability
Hours per month: _______ 4 or less _______ 5 to 10 ________ More than 10
Preferred days and times:

References: Please list the names and telephone numbers of two references, that
are not related to you, whom we may contact.
1. __________________________________________
2. __________________________________________

Declaration & Release
I declare that the information provided and statements made in this application are true
and complete to the best of my knowledge and belief. I also declare that I understand
that the purpose of the training I receive as a SHIP volunteer is to provide services free
of charge to Medicare beneficiaries and is not to be used for my personal monetary
gain.
I allow release of this information and contact of my personal references for verification and evaluation purposes, which may include a background check. If I am using my own vehicle, I agree to provide insurance as per Wisconsin State law. I understand volunteers’ photographs may be used for publicity or news purposes. I agree not to hold the State of Wisconsin, or any of its programs liable for any incident or accident that may occur while performing a volunteer service.

Signature: __________________________________________________________

PRINT NAME________________________________________________________

Date: __________________________

Please return to:

_________________________________________________________________

THANK YOU FOR YOUR INTEREST IN THE SHIP PROGRAM!
SHIP Volunteer Agreement

As a volunteer for the State Health Insurance Assistance Program (SHIP), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer job descriptions, handbooks, manuals, and other guidance. The SHIP is not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as a SHIP volunteer, I will be relied upon to serve Medicare beneficiaries and their community. The scope of responsibilities varies for each volunteer.

- I understand that my responsibilities may include providing accurate and objective counseling and assistance to Medicare beneficiaries, their representatives and caregivers, or persons soon to be eligible for Medicare.

- I understand that my responsibilities may include the use of internet-based programs to help clients compare health and prescription drug plan options.

- I understand that my responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.

- I understand that my volunteer activities may need to take place at specific counseling sites, by telephone, or at clients’ homes when health conditions make it necessary.

- I understand that I must submit monthly documentation of my activities to my SHIP Supervisor.

- I understand that SHIP volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.

Confidentiality

- I understand that I will have access to sensitive information about my clients, including medical, insurance, financial, and other confidential personal data.
• I agree to keep such information confidential and to use it only to perform my duties as a SHIP volunteer, to the extent that a client explicitly authorizes.

Non-Conflict of Interest
SHIP volunteers cannot promote private or personal interests as they go about performing the duties described in SHIP program policies and guidelines. To comply with this requirement, I agree to the following:

• I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.

• I will not disclose or use confidential or other personal information obtained from a client through my association with SHIP for personal gain or the gain of my employer or any other party.

Agreement
• I understand that as a SHIP volunteer, I am committing to ____________ hours each month.

• I agree to attend initial and update training programs as required.

• I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a SHIP volunteer.

• I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer’s Signature: __________________________ Date: _______________

Coordinator’s Signature: _________________________ Date: _______________
CONFIDENTIALITY AGREEMENT

I understand that ________________________________ (Name of local Agency) has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, the local agency must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my volunteer position at __________________________, I understand that I may work with or come into the possession of Confidential Information. I further understand that I must sign and comply with this agreement in order to get authorization for and access to the confidential information. By signing this agreement, I agree that:

1. I will not disclose or discuss any Confidential Information with others, including friends or family. In addition, I understand that my personal access code, under ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do in my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, at restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
4. I will not inform another person of my computer password or knowingly use another person's computer password instead of my own.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in the local Agency's computer system. Such unauthorized transmissions include, but are not limited to removing and/or transferring Confidential Information from the local Agency's computer system to unauthorized locations (for instance, home).
6. I will comply with any security or privacy policy promulgated by the local Agency to protect the security and privacy of Confidential Information.
7. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement.
8. Upon cessation of my volunteer work, I will immediately return any documents or other media containing Confidential Information to the local Agency.
9. I agree that my obligations under this Agreement will continue after the cessation of my volunteering.
10. I further understand that all computer access activity is subject to audit.

I have read the above agreement and agree to comply with all its terms.

Signature of volunteer: ________________________________ Date __________

Print Name __________________________________________________________
Sample SHIP Welcome and Orientation Letter

WELCOME TO THE SHIP TEAM!!

Orientation Details:______________________________

Where:________________________________________
When:_________________________________________
Time:_________________________________________

Please review and bring a signed copy of the enclosed volunteer agreement to orientation!

[Insert Date]

Dear [Insert Name of Volunteer]:

Thank you for your interest in volunteering with the SHIP. It was a pleasure to meet and learn more about you. I’m pleased to offer you a position as [Insert Volunteer Role].

Before you begin volunteering, we want to make sure you understand how you fit into the SHIP program and what you can expect from us. We invite you to attend an orientation session for new SHIP volunteers (details to the right). During the session, we will—

• Review policies and procedures,
• Staff and volunteer responsibilities, and
• Operational issues such as reporting [or other issues related to the volunteer’s position].

In addition, we will also schedule a content and skills-based training to help prepare you for your work as a [Insert Volunteer Role]. This [Insert Length] training will provide an in-depth overview on the following topics:

• Original Medicare program
• Medicare Advantage plans
• [Insert Other Topics]
• Medicare drug plans
• Programs for low-income people,
• [Insert Other Topics]

We don’t expect you to have all the answers at the end of this initial training. The [agency name], a SHIP sponsor site, will support your work as a volunteer by providing ongoing opportunities to learn and strengthen your skills through [monthly, quarterly] update sessions and regular interactions with veteran volunteers and SHIP staff.

I’ve enclosed a volunteer agreement form. Please review, sign, and bring it with you to the orientation session. Thank you very much for signing up to volunteer with SHIP and [name of agency]. I look forward to working with you in service to our community.

Sincerely,

Local SHIP Coordinator
SHIP Volunteer Feedback Form

Thank you for volunteering with SHIP! In an effort to improve your volunteer experience, we would like you to answer the following survey questions. Your feedback is very important and will help us provide a quality experience for all SHIP volunteers.

1. Do you feel your expectations as a volunteer were clearly explained to you?
   ___ Very clearly explained  ___ Explained
   ___ Somewhat explained   ___ Not at all explained

2. How well did our SHIP training prepare you for the responsibilities of your position?
   ___ Very well prepared  ___ Prepared
   ___ Somewhat prepared   ___ Not at all prepared

3. Do you feel you were able to fulfill your volunteer responsibilities?
   ___ Fully fulfilled  ___ Adequately fulfilled
   ___ Partially fulfilled ___ Not at all fulfilled

4. Do you feel our SHIP volunteer program is well organized?
   ___ Very organized  ___ Organized
   ___ Fairly organized ___ Not at all organized

5. Do you find SHIP staff approachable?
   ___ Very approachable  ___ Approachable
   ___ Somewhat approachable ___ Not at all approachable

6. Do you feel supported by SHIP staff?
   ___ Very supported  ___ Supported
   ___ Somewhat supported ___ Not at all supported
7. Do you feel you’re provided adequate resources to help you accomplish your tasks?
   ___Very adequate       ___Adequate
   ___Somewhat adequate   ___Not at all adequate

8. Do you have the tools and equipment you need to do your volunteer work?
   ___Yes          ___No
   If no, please explain:
   __________________________________________________________
   __________________________________________________________

9. Would you recommend SHIP volunteer opportunities to your friends or family?
   ___Yes          ___No
   If no, please explain:
   __________________________________________________________
   __________________________________________________________

10. Overall, how satisfied are you with your volunteer experience?
    ___Very satisfied ___Satisfied
    ___Dissatisfied   ___Not at all satisfied

11. What could we improve to make your volunteer experience more enjoyable?
    __________________________________________________________
    __________________________________________________________

12. Please tell us about your favorite experiences as a SHIP volunteer.
    __________________________________________________________
    __________________________________________________________

Disclaimer Form Regarding the Role of the SHIP Volunteer Counselor

Client’s Name_________________________________________________________
DISCLAIMER FORM

I understand that the SHIP Volunteer counselor provides Part D options counseling based on information currently available at: https://www.medicare.gov/ (the official site of the Planfinder), and based on information about personal prescription medications that I will have provided to the counselor. I also understand that information on the Planfinder site may not always reflect accurate and/or the most up-to-date information. It will be up to me to follow up with the Plan of my choice to verify coverage and costs prior to enrolling.

I understand that the SHIP Volunteer Counselor cannot advise me to choose one plan over another, and that it is up to me to decide and enroll in a plan of my choice, based on my needs and preferences. I also understand that enrollment in the plan must take place before December 7th, 2011, or I risk incurring a late enrollment penalty, and/or be without needed coverage until the next opportunity for enrollment occurs.

It is my responsibility to follow up with the plan of my choice. If I have reason to believe that the enrollment did not go through for some reason, I will notify the plan and the SHIP Volunteer Counselor right away.

I will not hold the SHIP Volunteer Counselor liable for any or all consequences that will result from my choice of Plan.

____________________________________  _______________
Signature   Date
AUTHORIZATION FOR RELEASE OF INFORMATION*

I _______________________________________, (Medicare beneficiary’s name), hereby authorize ___________________________________________ (Ship Volunteer Counselor’s name), to obtain records and related information regarding ________________________________________________________________ ____________________________________________________ (state problem / issue). This release includes medical, business, financial records and other related information. The purpose for the release of this information is:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

_______
(State purpose, e.g., to obtain payment of an insurance claim, for investigation of an insurance claim, or for other specified purposes).

I understand that, except for action already taken, I may revoke this authorization at any time. I also understand that a photocopy of this authorization has the same effect as the original. I further understand that the party named above will not disclose this information to anyone else without my consent.

This authorization expires six (6) months from the date on which it is signed.

__________________________________ ______________
Signature of Individual Giving Authorization Date
SHIP VOLUNTEER REPORTING LOG

Name: ___________________________ Contact #: __________________

The funding this organization receives to provide client services is largely dependent upon reporting. The purpose of this form is to assist with preparation of an annual report to the State and Federal Governments on the number of hours worked by volunteers and the activities performed. The more accurate your information is, the easier our reporting will be. Thank you for your help.

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1. Initial Training
2. Update Training
3. Coordinator
4. Counseling
5. Plan Finder
6. Clerical
7. Reporting
8. Non-SHIP activities

LOCAL HELP FOR PEOPLE WITH MEDICARE