Thank you for your interest in the Virgin Islands SMP Program.

Enclosed is a job description, application, volunteer assurance and some brochures about this special volunteer opportunity.

Once your application has been processed I will phone you to go over any questions you may have and discuss possible training dates and times.

When would you be available for meetings, trainings and presentations? Would you require special accommodations?____________________

Please give hour to hour

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If you have any questions please contact me, Aimee Griles at (340)-718-2626 or toll free at 1-877-784-0228. Or, email: agriles@lsvilaw.org

Please return your application to:

Legal Services of the Virgin Islands
Virgin Islands Senior Medicare Patrol Program
Attn: Aimee Griles
3017 Estate Orange Grove
Christiansted, VI 00820

I look forward to hearing from you soon,

Aimée Griles- SMP Project Director
VIRGIN ISLANDS SMP VOLUNTEER POSITION DESCRIPTION

Title: Senior Medicare Patrol (SMP) Volunteer

Volunteer Responsibilities include: Conducting Medicare fraud prevention educational outreach. Disseminating printed information at community events (fairs). Giving presentations to senior groups in the community. Providing one-to-one counseling to Medicare beneficiaries regarding Medicare fraud. Attending SMP volunteer training sessions and monthly meetings and handing in required paperwork in a timely manner.

Qualifications and skills needed: Must speak, read and write English. Conduct group educational sessions and/or one-to-one counseling. Respond to simple inquiries, make referrals and research complex issues. Assist in community events. Most importantly, interested in advocating for seniors to prevent Medicare fraud and abuse.

Skills desired: **Multi-lingual, American Sign Language ability, computer literate, email availability, administration and clerical ability, professional background in health care, education, or consumer protection.**

Initial orientation and training will be provided (approx. 20 hours) followed by continual support and training as part of monthly program meetings.

Volunteers are needed on a sign-up basis for group presentations, community outreach (fairs), one-to-one counseling and monthly program meetings.

Estimated hours of service a month– Average of 4-6 hrs based on need. Volunteer commitment– At least one year

Benefits include– Continuing Education, Peer Support and Volunteer Recognition
VIRGIN ISLANDS SMP VOLUNTEER APPLICATION

Name:_____________________________________ Date:____________________

Address___________________________________________________________

City_________________________________________ Zip Code_______________

Home Ph.__________________ Cell__________________

E-Mail:________________________________________ Birthday Month____Day___Yr.____

1. How did you learn about the SMP Program?

_________________________________________________________________

2. Are you presently employed? ___Yes ___No, Where?____________________________

3. Have you ever worked in the insurance industry?

_________________________________________________________________

4. If bi-lingual, what other languages?______________________________

5. Are you able to read or write in other languages? Or, Interpret American Sign Language?

_________________________________________________________________

6. What type of technical equipment do you know how to use? (laptop computer, LCD projector, DVD player, etc.)______________________________________________

7. Are you willing to make a one year commitment with the SMP program?

_____Yes   _____No  Shirt Size:  Men's_________  Women's_________

8. This volunteer position may involve working with vulnerable adults and confidential information. We require a criminal background check on all volunteers.

Please provide your Social Security Number:__________________________________

(THE INFORMATION WILL BE KEPT CONFIDENTIAL)

9. In the event that you become a certified SMP Volunteer we will need to know who we should notify in the event of an emergency:

Name:____________________________________________________________
Relation to you:_________________Contact number:_________________________
As a Senior Medicare Patrol (SMP) Volunteer, I understand that the program requires a commitment to the ideals of the program, and I hereby assure:

I am at least 21 years old  ____Yes  ____No
I have reliable transportation (car, bus pass)  ____Yes  ____No
I will be reliable and conscientious  ____Yes  ____No
I agree to be respectful, tactful and diplomatic when working with individuals with respect to race, religion, culture, and sexual orientation  ____Yes  ____No
I understand that I may be working with confidential information and I will not share information to anyone outside the SMP program  ____Yes  ____No
I agree to participate in a criminal background check  ____Yes  ____No
I agree to attend the monthly meeting/training  ____Yes  ____No
I agree to submit the required paperwork in a timely manner  ____Yes  ____No

_____________________________  _____________
Name  Date