



CONTACT: MARGARET SHAW, ELDER OPTIONS' SHINE LIAISON

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Do you have 16 hours a month to help Seniors in your community? SHINE (Serving Health Insurance Needs of Elders) needs volunteers to serve Seniors, and persons with disabilities.

SHINE volunteers offer free counseling on Medicare/Medicaid/prescription drug assistance/supplemental insurance plans and more. They also provide outreach in the form of community education presentations and health fairs.

SHINE (known as SHIP in other states) is a nationwide volunteer-based program administered here by the Florida Department of Elder Affairs, managed by the Area Agencies on Aging and coordinated from community based counseling sites around the state. SHINE Volunteers are computer literate, interested in helping Seniors and persons with disabilities navigate the health insurance maze. Volunteers attend a three-day training, followed by mentoring sessions with trained SHINE Counselors and ongoing trainings/updates.

The next Training session will be held February 21-23, 2012 at a location nearest to the majority of trainees. This three day training is preceded by an hour long Orientation webinar on Feb. 1, 2, or 7 which may be taken from home or office if preferred. In this webinar, trainees will learn about the SHINE program, its organizational structure, as well as the responsibilities and requirements of the SHINE Volunteers.

PRE-REGISTRATION IS REQUIRED, regardless of the location of the Orientation webinar. When attending any trainings or other SHINE meetings, mileage and authorized meals are reimbursed.

SHINE is dedicated to providing free and unbiased information and counseling through a dedicated network of volunteers, empowering Florida Seniors and persons with disabilities, to make informed healthcare choices.

If you think you would like to volunteer for SHINE, call the Elder Helpline now at 1-800-963-5337 and request a volunteer packet. Or if you may be able to assist your community by offering counseling space, call the same number and ask for SHINE.

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SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS)
VOLUNTEER COUNSELOR

POSITION GOALS: The SHINE Counselor is an active, direct service, community-based representative of the SHINE (Serving Health Insurance Needs of Elders) program to Medicare beneficiaries and others in Florida. The counselor provides unbiased information and assistance to SHINE clients as a representative of the Department of Elder Affairs (DOEA), the Centers for Medicare and Medicaid Services (CMS), and the local Aging Resource Center (ARC) or Aging and Disability Resource Center (ADRC) in their community.

PREFERRED SKILLS/QUALIFICATIONS:

- Interest in helping people and your local community.
- Customer service mind-set including professionalism, tact, and courtesy in dealing with individuals served.
- Strong listening and comprehension skills.
- Basic computer and internet skills.
- Willingness to work with a culturally diverse volunteer and client population.
- Ability to demonstrate and remain free from any conflict of interest as a counselor.

RESPONSIBILITIES: The counselor works within a local SHINE area to counsel individuals who have problems with and questions about Medicare, Medicaid, Medicare Advantage Plans, Medicare Supplemental Insurance, Prescription Assistance, Long-Term Care Insurance/Planning and other health insurance issues. Specific responsibilities include the following:

- Works to implement the goals of the SHINE Program and Centers for Medicare and Medicaid Services by providing direct counseling assistance to Medicare beneficiaries;
- May serve at community or Aging Resource Center based counseling site, by telephone or email, through home visits, and at enrollment and other community events;
- Conducts any necessary follow up and research to answer client questions;
- Consistently provides unbiased and free counseling assistance to individuals served;
- Handles client information in strictest confidence and in accordance with privacy regulations;
- Provides referrals to appropriate agencies (Department of Children and Families, Social Security, Department of Financial Services, Agency for Healthcare Administration, etc.);
- Accurately completes SHINE client contact and other reporting forms to assure continued funding;
- Attends and completes all required SHINE training, as scheduled by the Department of Elder Affairs;
- Attends meetings and conference calls with other counselors for local training and the Centers for Medicare and Medicaid Services updates; and
- Makes presentations to community groups if the counselor chooses to complete the Presentation Skills training, and would like this opportunity.

VOLUNTEER BENEFITS: Ability to improve the lives of fellow citizens, professional training classes and resource materials, local and statewide volunteer recognition events for active volunteers, mentoring and technical assistance, reimbursement of pre-approved program expenses, eligibility for various recognition items or awards.

TIME COMMITMENT: Sixteen hours per month (as needed) after completing initial training and mentoring; request a two-year commitment to the program overall.

WORK LOCATION: Community-based counseling sites, telephone counseling, training sites at Aging Resource Center/SHINE Offices, and client homes, as needed.

TRAINING REQUIREMENTS: Required to receive and maintain active counselor status:

- Attend Volunteer Orientation Presentation provided by local program;
- 3-day Basic Training, Section 1 in Medicare counseling;
- Complete required Internet posted, self-study training courses;
- 2-day Basic Training, Section 2;
- Routine local trainings, quarterly or monthly;
- Annual training conference;
- Presentation Skills training (optional);
- Long-term Care Counseling Specialist training (optional).

REPORTING RELATIONSHIPS: Local volunteer leaders (Area Coordinator (AC) and/or Local Coordinator (LC)) provide information updates, support and technical assistance, and counseling assignments. ARC SHINE Liaison is the local program and volunteer manager providing guidance and supervision in coordination with volunteer leaders.

METHOD AND PROCESS OF APPOINTMENT: The AC, LC, and Liaison recruit and screen potential counselors. DOEA staff determines suitability and approves counselors for ACTIVE status based on satisfactory completion of required training, mentoring, paperwork, and background screening. Volunteer counselors will remain INACTIVE until all new counselor requirements have been met. During this time volunteers may shadow and assist ACTIVE volunteer counselors.

PERFORMANCE EVALUATION: Local and Area Coordinators may periodically assess counselor performance. The LC may recommend further training or provide guidance regarding counselor roles and responsibilities. The Counselor may request additional training or assistance in resolving client issues. Release from participation will be consistent with *Policies III.H and III.O*, Florida Department of Elder Affairs, *Policies and Procedures for Volunteer Service* manual.

RESOURCES AVAILABLE: Technical assistance and information updates affecting Medicare, Medicaid, Prescription Assistance, Long-Term Care, other health insurance, and volunteer roles and responsibilities. Experienced volunteers and staff at DOEA are available to research complicated cases. All *pre-approved* expenses for volunteer travel or materials and supplies are reimbursable in accordance with state policy, and will be submitted to the Liaison for payment consistent with the current contract.

I hereby volunteer my services as described above and agree to remain unbiased in my counseling activities. I understand the role and responsibilities of my volunteer position and agree to conduct myself within my role as a SHINE volunteer counselor. I understand that I may resign or the Department of Elder Affairs may release me from my volunteer position at any time.

Counselor Signature

Date Signed

Area Coordinator/Liaison Signature

Date Signed

Volunteer responsibilities are consistent with the scope of the Vision, Mission and Values of the Department of Elder Affairs. Volunteers are defined in *Chapter 110.501, Florida Statutes*. Funding is provided through the Centers for Medicare & Medicaid Services (CMS).



SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS)
VOLUNTEER APPLICATION Anne Rogers, Statewide Director

SHINE is a Program of the Florida Department of Elder Affairs

www.floridashine.org

PERSONAL INFORMATION	
First Name:	MI: Last Name:
Street Address:	City: Zip:
County:	Home Phone: () -
Email Address:	Cell Phone: () -
Emergency Contact:	Contact Phone: () -
Is Florida your primary residence year round? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what months are you in the state?	Do you have transportation of your own? <input type="checkbox"/> YES <input type="checkbox"/> NO

VOLUNTEER DEMOGRAPHICS This information is not mandatory, however our funding sources require us to recruit and retain a diverse group of volunteers. Anonymous statistics are compiled with data provided.	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: ___/___/___	Race: <input type="checkbox"/> White <input type="checkbox"/> African Amer. <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Other _____

VOLUNTEER EXPERIENCE*		
Organization	Title and Responsibilities	Dates

WORK EXPERIENCE*		
Company	Title and Responsibilities	Dates

POST-SECONDARY EDUCATION* (if applicable)	
Institutions, City/State and Dates for Each	Certificate, Degree or Area of Study

*No specific volunteer, work, or educational experience is required to be a DOEA volunteer. Attach additional page, as needed.

AVAILABILITY Which days and times are you available to volunteer?							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							

LANGUAGE/FLUENCY Are you bi-lingual or multi-lingual? If yes, please list language and describe level of fluency (i.e. spoken and written, etc.)

CONFLICT OF INTEREST** In order to provide unbiased health insurance counseling holding licenses such as insurance, annuity, etc. may be a conflict of interest. This will be examined on a case- by- case basis. If you currently hold any professional license, please list below.

BACKGROUND CHECK As this volunteer position requires working with vulnerable adults, you will be required to undergo a state and federal background clearance before actively participating with the program. Have you ever been arrested, charged or indicted for violation of any federal, state, county or municipal law, regulation or ordinance? If yes, give details.

REFERENCES Please list two (2) references you have known at least five (5) years (not family members).		
Name	Address	Telephone

PROGRAM REFERRAL How did you hear about the SHINE program? Please check all that apply below.	
<input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Event <input type="checkbox"/> Billboard <input type="checkbox"/> Newspaper <input type="checkbox"/> Brochure/Poster <input type="checkbox"/> Other If other, please describe: _____	
<input type="checkbox"/> SHINE Volunteer (list below):	<input type="checkbox"/> Website (list below):



SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDER)
VOLUNTEER APPLICATION *Anne Rogers, Statewide Director*

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<p>SIGNATURES By affixing your signature below you certify that all information provided on this application is correct to the best of your knowledge. Furthermore, you acknowledge and understand that you must pass all required background clearances and mandatory SHINE trainings as a condition of volunteer services with the Florida Department of Elder Affairs, SHINE Program.</p>	
<p>Applicant Signature:</p>	<p>Date : ____/____/____</p>

LOCAL SHINE PROGRAM Use Only			
<input type="checkbox"/> Initial Screening	<input type="checkbox"/> Interview Complete	<input type="checkbox"/> Application to DOEA	<input type="checkbox"/> Training Scheduled
<p>Liaison Signature:</p>		<p>Date: ____/____/____</p>	
<p>Area Coord Signature:</p>		<p>Date: ____/____/____</p>	

DOEA Use Only					
Received:	/ /	Approved:	/ /	Entered:	/ /
Volunteer Services Staff Signature:					