

# ILLINOIS SHIP COUNSELOR APPLICATION

**Please complete ALL portions of this application. All applications should be submitted by the site coordinator. Failure to meet these requirements will result in rejection of application.**

## **APPLICANT CONTACT INFORMATION (TO BE USED BY SHIP SITE)**

*(This section is used to determine if our recruitment efforts are reaching all segments of the population. Your responses are used for statistical purposes only and will not affect your application.)*

Legal Name: \_\_\_\_\_  
Last Name First Name MI

Do you have a maiden name?  No  Yes, please specify \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female  Other

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White

What is your primary language?  English  American Sign Language (ASL)  Chinese  Korean  
 Russian  Spanish  Vietnamese  Other, please specify \_\_\_\_\_

Please list any secondary languages \_\_\_\_\_

Email Address \_\_\_\_\_  
*(Required, this email will be used for all SHIP correspondence.)*

Primary Work Phone ( ) \_\_\_\_\_ Alternative Phone ( ) \_\_\_\_\_  
 Home  Cell  Work

## **SHIP SITE INFORMATION**

SHIP Site Coordinators Name: \_\_\_\_\_

SHIP Site Name the Counselor Will Be Volunteering From: \_\_\_\_\_

SHIP Site Address: \_\_\_\_\_  
Number & Street City State Zip County

SHIP Paid Status of New Counselor (select one):  In-Kind-Paid  SHIP/MIPPA Paid  Volunteer

## **PREVIOUS EMPLOYMENT AND SKILLS**

Current Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Please list any computer skills you have (i.e., internet, Word, PowerPoint, Excel, etc.):

Volunteer programs and/or organizations in which you are currently involved:

Please list any other information (i.e., education, professional qualifications, special skills, etc.):

**INTEREST IN SHIP PROGRAM**

How did you hear about the Illinois SHIP Program?

Tell us why you would like to be a SHIP Counselor.

**CONFLICTS OF INTEREST**

SHIP counselors must be able to provide unbiased information and may not recommend specific health care or other insurance policies or products to people. Please let us know if you have any connections to the insurance or healthcare industries or other potential conflicts of interest:

Are you affiliated with any of the following? Check all that apply.

- No, I have no affiliation  Insurance Company  Financial Planning Service  Claims Filing Service

Please explain affiliation:

**CRIMINAL RECORD CHECK**

To ensure the safety of our counselors and the communities we serve, all potential SHIP counselors will be asked to consent to a criminal background check if they have not completed one in the last three years. (Applicant will complete a separate form to authorize such check.)

Have you recently completed a criminal background check?  Yes  No

If yes, please state where, when, and what type of criminal background check was completed.

**NEW COUNSELOR SIGNATURE:**

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COORDINATOR SIGNATURE:**

I certify that all information provided in this application has been reviewed and applicant is approved to work for this SHIP Site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Coordinators, applications can be sent the following ways:

Email: [Aging.SHIP@illinois.gov](mailto:Aging.SHIP@illinois.gov)

FAX: (217) 557-8457

Fiscal Address: Illinois Department on Aging – SHIP  
1 Natural Resources Way, Springfield, IL 62702

**FOR OFFICE USE ONLY**  
 Approved  Denied  
\_\_\_\_\_  
Signature of SHIP Director  
Date: \_\_\_\_\_