



Volunteer Annual Review Packet



Volunteer Name: _____

Date of Review: _____

Volunteer Annual Review

Update Contact Information:

Full name of volunteer: _____
(First) (Middle) (Last)

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Birthdate: _____

Best method and time to reach you: _____

Emergency contact person: _____

Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

SHINE Staff Conducting Review: _____

Review date: _____

Date of previous review: _____

If more than 18 months has lapsed between reviews, this volunteer must submit new application.

Tentative date of next review: _____

Volunteer Role:

CURRENT ROLE	INTERESTED ROLES	ROLE DESCRIPTIONS	REASON FOR INTEREST
		<u>Distributing information:</u> This role involves transporting and disseminating SHIINE information and materials to sites and events, may include presenting prepared copies or presenting scripted activities for small groups. Volunteers who work in this role do not engage in discussions with others about personal information or situations.	
		<u>Assisting with administration:</u> This role involves such work as copying, filing, data entry, scheduling appointments, and placing phone calls in support of SHIINE activities. Volunteers who work in this role do not field questions from the public.	
		<u>Staffing exhibits:</u> This role involves staffing information kiosks or exhibits at events such as health fairs. Volunteers who staff exhibits provide general information about SHIINE to the public and answer simple inquiries.	
		<u>Making group presentations:</u> This role involves giving substantive presentations on SHIINE topics to small and large groups, with the opportunity for interaction with the audience during time set aside for Q & A and discussion.	
		<u>Counseling:</u> This role involves direct discussion with beneficiaries about their individual situations and may include review of personal information such as Medicare Summary Notices, billing statements and other related financial and health documents.	
		<u>Handling complex issues and referrals:</u> This role involves in-depth interactions with beneficiaries who are reporting specific instances of health care fraud, error, and abuse. Volunteers who serve in this role may act on behalf of a beneficiary to correct an error or refer suspected fraud and abuse to appropriate authorities.	
		<u>Other Roles:</u> (see Volunteer Handbook for description) <ul style="list-style-type: none"> • Mentor • Counseling Site Coordinator • Special Projects • Volunteer Focus Group 	

A “yes” answer to any of the following questions would qualify the volunteer as being in a “position of trust.” Does the volunteer

- Have direct contact with beneficiaries and access to their personal information?
- Have an ongoing relationship with a beneficiary?
- Have contact with clients who are vulnerable due to frailty, incapacity, or isolation?
- Have access to personal or confidential information?
- Have access to money or other valuable items?
- Have a position of authority in relation to the beneficiary?
- Have the possibility their position may create a dependent or reliant relationship between them and the client?

Past Year of Service:

1. Volunteer’s Reported Numbers:

Number of Client Contacts: _____

Number of Public and Media Events (PAM): _____

Number of beneficiaries provided SMP information: _____

2. Do you feel comfortable with the reporting process? Do you have any questions or concerns about reporting your data in SHIPNPR?
3. Are the equipment and supplies provided to you by SHIINE sufficient? Are updates needed? Do you have questions about the expense reimbursement form?
4. Are the SHIINE materials (brochures, fliers, etc.) you are distributing current? Do you need more materials to properly serve as a volunteer? Do you keep record of where SHIINE materials are being placed for distribution and report as a PAM in SHIPNPR?
5. Overall, how do you feel about remaining in your current role/position? What change in nature of responsibilities or procedures would improve your ability to contribute to SHIINE?
6. Is your position as a SHIINE volunteer in your community promoted adequately? What other tools do you need to inform the public about your availability?

7. Do you feel you are adequately supported by SHINE staff?

8. Review last year's goals:

	<i>Not Met</i>	<i>Satisfactory</i>	<i>Superior</i>
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1.	1	2	3	4	5
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2.	1	2	3	4	5
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3.	1	2	3	4	5
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9. Assess Work Relationships:

	<i>Needs Improvement</i>	<i>Satisfactory</i>	<i>Excellent</i>
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Relations with other volunteers	1	2	3	4	5
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Relations with SHINE staff	1	2	3	4	5
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Relations with beneficiaries	1	2	3	4	5
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Meets commitments (schedule, deadlines, etc.)	1	2	3	4	5
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Initiative	1	2	3	4	5
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Flexibility	1	2	3	4	5
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- Comments by coordinator regarding above areas:

- Comments by volunteer regarding above areas:

10. Most significant achievement since last review:

Next Year of Service:

1. What goals would you like to set to accomplish between now and the next review period?

1.

2.

3.

Notes

Training Requirements

Based on volunteer's current role or desired role, what training will the volunteer need to complete in the next year to be in compliance with the SHINE program's requirements?

		Available Training						
		Orientation	Medicare Basics & Data System Training	Foundations	Group Education	Counselor	Complex Issues & Referrals	Annual SHINE Recertification Training
Training Completed					Coming Spring 2017			Must complete annually
Circle Volunteer Roles	Distributing information	X						
	Assisting with administration	X						
	Staffing exhibits	X	X	X	X*	X**		X
	Making group presentations	X	X	X	X	X**		X
	Counseling	X	X	X		X		X
	Handling complex issues & referrals	X	X	X		X	X	X
	Other Roles	X	X	TBD	TBD	TBD	TBD	X

* For the staffing exhibits role, Chapter 1 of the Group Education Training Manual and the Appendices are recommended.

** For the staffing exhibits and making group presentations roles, Chapter 1 of the Counselor Training Manual and the Appendices are recommended.

Screening Requirements

Based on volunteer's current role or desired role, what screening will need to take place in the next year to be in compliance with the SHINE program's requirements?

		Screening Requirements				
		Comprehensive Background Check †	Proof of Driver's License	Driver's Record Check	Proof of Auto Insurance	Certificate of Ability
Screening Completed						
Circle Volunteer Roles	Distributing information		X*	X*	X*	X***
	Assisting with administration	**				X***
	Staffing exhibits	X	X*	X*	X*	X***
	Making group presentations	X	X*	X*	X*	X***
	Counseling	X	X*	X*	X*	X***
	Handling complex issues & referrals	X	X*	X*	X*	X***
	Other Roles	?	?	?	?	?

* Where the role involves driving, these checks are required

** Consider access to information, particularly through data entry and filing. If any access could be gained to confidential information about beneficiaries, other staff or volunteers, then the check is required

*** Consider physical requirements of carrying boxes of information, display materials, display units, setting up meeting facilities, etc., and where physical exertion is part of the role, a certificate of ability may be required, particularly where volunteer is elderly, frail, or has disabilities

† Where conducting a criminal records check requires a Social Security Number (SSN), it is collected, used for the criminal records check, then purged from the volunteer's file and the agency's records

? Depends on the nature of the work

Volunteer Safety Evaluation

1. Are the sites where you conduct SHIINE work (counseling/presentations/booths) safe? Please express any concern.

List of Concerns	Questions to Determine Any Site Issues
	<ul style="list-style-type: none">• Is the area where you talk to beneficiaries about confidential information appropriate?• Does facility provide proper equipment, access to electricity/internet, and safe furniture?• Are there any safety or accessibility issues related to the presence of older adults, individuals with disabilities and those limited mobility at the worksite?• Is the building easily identified to the public? Are the restrooms accessible?• Will staff of the facility be present or give contact information to deal with any safety or emergency issues that arise?• Are exits marked, unlocked, and uncluttered?

2. Are there situations that occur where safety of you as a SHIINE volunteer may be a concern?

List of Situational Concerns	Questions to Determine Situational Concerns
	<ul style="list-style-type: none">• Is protocol followed if a counseling session needs to take place at a beneficiary's residence?• Is consideration given to isolated areas in and around the worksite where volunteers and beneficiaries may be exposed to increased threat from strangers/members of the public such as rarely used hallways, stairwells, dark and isolated parking lots, and long walks to bus stops in low traffic areas?

Note to volunteers: If you have any serious safety concern about a venue that the onsite staff cannot address to your satisfaction, pause to consider if the event should go forward. If needed, contact your SHIINE Regional Coordinator to discuss the problem.

Note to Regional Coordinator: You are encouraged to visit the counseling locations, talk to the staff, and secure any upcoming needs at the facility.

Performance Improvement Plan

If necessary, indicate area/s in which improvement, change, or further training would be desirable, with description of suggested course of action:

Use Performance Improvement Plan Chart below to help you plan.

Area(s) needing improvement	Volunteer: (training needed, changes required, etc.)	Regional Coordinator: (support needed, etc.)	Due date:
			<div>___/___/___</div> <div>Remember to Schedule Follow-up</div>
			<div>___/___/___</div> <div>Remember to Schedule Follow-up</div>

SHIINE Volunteer Agreement

I, _____ agree to serve as a volunteer for the Senior Health Information and Insurance Education (SHIINE) program. As a SHIINE volunteer I realize that this volunteer agreement applies to my work, similar to that which binds the paid professional staff in the organization. In agreeing to serve, I assume certain responsibilities and expect to account for my actions in terms of these professional expectations. I will honor the SHIINE program's goals and abide by its rules and regulations, including keeping and providing statistics to the SHIINE office.

I will keep confidential matters confidential, including all matters related to the operation of the SHIINE program and all information regarding beneficiaries. I will adhere to the program's required standards of behavior and conduct, including not having an active insurance license or an affiliation with an insurance company that would represent a potential conflict of interest with my duties as a SHIINE volunteer. I also will ensure the safe handling, transmission, and storage of clients' sensitive personal identifying information and protected personal and health information. In the course of conducting SHIINE work, I may gain access to Medicare numbers, Social Security numbers, birth dates, medical records, and financial information in combination with names, addresses, and telephone numbers and other sensitive information such as the names of those who report suspected fraud and abuse or the names of those under investigation. I fully agree to keep personal and confidential information private and will, to the best of my ability, use only secure technologies and worksites to perform my SHIINE volunteer duties. If I am aware of security breaches or lapses I will notify my SHIINE Regional Coordinator immediately.

I interpret volunteering to mean that the SHIINE staff accepts me as a "partner-in-service" and I expect to do my work according to the highest standards, just as the paid staff members of SHIINE expect to do their work. I understand that my service is voluntary; that the purpose of SHIINE is to educate people about Medicare and related health care issues as the program instructs; and that the services of SHIINE are to be unbiased; and that SHIINE does not sell any product or service. As a SHIINE volunteer, I agree that I will not counsel people in matters for which I have not been trained.

I promise to approach my work with an open mind, to participate fully in training according to the standards and practices of SHIINE, and to bring my full interest and attention to the work. I believe my attitude toward volunteer work should be that of a professional, and I will devote the time and effort required to perform as such. I believe that I have an obligation to bring an attitude of professionalism to my work and my interactions with those who direct it, those for whom it is done, my colleagues, and the public.

Being eager to contribute all that I can to achieving the goals of the SHIINE program, I accept this volunteer agreement and follow it carefully and cheerfully.

Volunteer Signature

Date

Protocol and Certification Form:

Proof of Valid Driver's License and Current Insurance Coverage

I, (*print name*) _____,
certify that I have a valid driver's license and current automobile insurance coverage. In the event that my automobile insurance policy or driver's licenses lapses, I agree to notify my SHIINE program supervisor immediately.

Volunteer signature: _____ Date: _____

Note to Regional Coordinator: Please view volunteer's proof of auto insurance and make sure a current copy of the volunteer's driver's license is on file.

Authorization Form

I hereby give my consent to the SHIINE program and to perform a comprehensive background check as required for the volunteer position for which I have applied. The background check will include a criminal record check and reference checks, and may include checks on my driving record and employment and volunteer history and experience.

I understand that I do not have to agree to this background check, but that my refusal may exclude me from consideration for certain SHIINE program volunteer "positions of trust."

I understand the SHIINE program will limit the information it collects to what is needed to determine my suitability for particular types of volunteer work, it will keep all information confidential and destroy documents containing my Social Security number at the time a decision is made whether or not to accept me as a volunteer.

Applicant's name: _____

Signature: _____ Date: _____

(Please continue on next page)

Background Check Information

Volunteer Name: _____

Other Names/Alias: _____

Social Security #: _____

Driver's License # and State of Issue: _____

All Previous Addresses in the Last Seven Years: _____

(This page will be destroyed when checks are completed.)