

# Maryland's SHIP Volunteer Application



Applicant's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ County: \_\_\_\_\_

## A. Contact Information

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## B. Recognition of Affiliations

### Are you affiliated with any of the following?

Insurance company, agency, or broker Yes  No

Financial planning service Yes  No

Health insurance claims or billing service Yes  No

Law firms or legal services organizations Yes  No

Other (please describe) Yes  No

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## C. Skills and Interests

### Please check all that apply.

Administrative Work

Data Entry

Counseling

Public Speaking

## D. Languages

### Are you fluent in any language other than English (including sign language)?

Yes  No (if yes, please list languages)

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Please complete the application and email to SHIP Volunteer Coordinator,  
[rebecca.bradley@maryland.gov](mailto:rebecca.bradley@maryland.gov). Your application will be reviewed upon receipt.