

Maryland's SHIP Volunteer Application



Navigating Medicare

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

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)

Please complete the application and email to SHIP Manager: Serena Reshard at serenam.reshard@maryland.gov Your application will be reviewed upon receipt.