

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 <input type="checkbox"/>	No <input type="checkbox"/>
Financial planning service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health insurance claims or billing service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Law firms or legal services organizations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please describe)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. Skills and Interests

Please check all that apply.

<input type="checkbox"/> Administrative Work	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Counseling	<input type="checkbox"/> 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.