



# Alabama SMP Volunteer Application

**Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a background check. If the position for which you apply requires a background check, we will ask you to complete a separate form to authorize one.**

## Contact Information

Applicant name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Primary phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_  
Best method and time to reach you: \_\_\_\_\_  
Emergency contact person name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Applicant Information

1. Do you speak any languages other than English? Please list language(s):

\_\_\_\_\_

2. Please tell us about your work experience, including paid and volunteer positions.

*If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the SMP volunteer position. If you need additional space, please attach another sheet of paper.*

A. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other

B. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other

C. Organization: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Years: \_\_\_\_\_ to \_\_\_\_\_  
Role: \_\_\_\_\_ Paid employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Other

3. Please describe any skills or experience that would enable you to perform the duties of an SMP volunteer.

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4. Do you have any medical conditions that may affect your ability to function as an SMP volunteer, or do you require any special accommodations that the SMP coordinator of volunteers should be aware of?

Yes  No

If yes, please describe:

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5. Are you licensed and able to drive an automobile?  Yes  No

*If you will be driving to and from SMP events or to conduct SMP outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.*

6. Certain conflicts between personal interests and the interests of the SMP program may exist, and could prevent a person from serving as an SMP volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

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### **Interest in the SMP Program**

1. How did you learn about the SMP program?

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2. Please tell us why you would like to become an SMP volunteer?

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3. Please indicate the days and times that you are usually available.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

## Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the **Alabama** SMP to contact the references named below with regard to my application to become an SMP volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): \_\_\_\_\_

Phone number: (        ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Name (first, last): \_\_\_\_\_

Phone number: (        ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_

C. Name (first, last): \_\_\_\_\_

Phone number: (        ) \_\_\_\_\_ - \_\_\_\_\_      How long known? \_\_\_\_\_

Relationship: \_\_\_\_\_