



# Illinois SHIP Counselor Application



State of Illinois  
Illinois Department on Aging

## **CONTACT INFORMATION** (please print):

Name: \_\_\_\_\_  
*Last Name* *First Name* *MI*

Address: \_\_\_\_\_  
*Number & Street* *City, State, Zip* *County*

Email address (required): \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_\_  
 Home  Cell  Work

Alternative phone: (\_\_\_\_) \_\_\_\_\_  
 Home  Cell  Work

## **INTEREST IN SHIP PROGRAM**

1. How did you hear about the Illinois SHIP Program?

2. Tell us why you would like to be a SHIP Counselor:

3. Have you spoken with the SHIP Coordinator of the SHIP site you would like to work at about open counseling positions?  Yes  No

**If yes:** A. What site will you be volunteering from:

B. What is the site Coordinator's name:

## **APPLICANT INFORMATION**

1. Present Occupation & Place of Employment:

2. Former Occupation:

3. Computer skills (i.e. internet, Word, Power Point, Excel., etc.)

4. Volunteer programs and/or organizations in which you are currently involved:

5. Other information (i.e. education, professional qualifications, special skills, etc.):

6. Do you speak any languages other than English?  Yes  No

**If yes, please list:**

**CONFLICTS OF INTEREST**

SHIP counselors must be able to provide unbiased information and may not recommend specific health care or other insurance policies or products to people. Please let us know if you have any connections to the insurance or healthcare industries or other potential conflicts of interest:

Are you affiliated with any of the following? *Check all that apply.*

Insurance Company       Financial Planning Service       Claims Filing Service

*Please explain affiliation:*

**CRIMINAL RECORD CHECK**

Have you recently completed a criminal background check?  Yes  No

**If yes**, please state where, when and what type of criminal background check was completed.

To ensure the safety of our counselors and the communities we serve, all potential SHIP counselors will be asked to consent to a criminal background check if they have not completed one in the last three years. (Applicant will complete a separate form to authorize such check.)

**DEMOGRAPHICS**

*(This section is used to determine if our recruitment efforts are reaching all segments of the population. Your responses are used for statistical purposes only and will not affect your application.)*

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**SIGNATURE:**

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Mail To:**

Please return applications via email to: [Aging.SHIP@illinois.gov](mailto:Aging.SHIP@illinois.gov)  
Applications may also be submitted via mail or Fax at:  
**Illinois Department on Aging - SHIP**  
**1 Natural Resources Way**  
**Springfield, IL 62702**  
**FAX (217) 557-8457**

<p><i>FOR OFFICE USE ONLY</i></p> <p><input type="checkbox"/> approved      <input type="checkbox"/> denied</p> <hr/> <p><i>Signature of SHIP Director</i></p> <p>Date: _____</p>
---