



MMAP Team Member Application

Today's Date _____

MMAP Position Applying for Counselor Community Educator Program Support Technician

| Applicant Information | |
|---|--|
| Name | _____ |
| Home Address | _____ |
| City | _____ Zip Code _____ |
| Email where MMAP may contact you: _____ | |
| Primary Phone | _____ Phone Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Secondary Phone | _____ Phone Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work |

| Work Contact Information | |
|---|---|
| Complete this section if you will be doing MMAP work as part of paid employment | |
| Employer Name | _____ |
| Employer Address | _____ |
| City | _____ Zip _____ |
| Job Title | _____ Supervisor Name _____ |
| Supervisor Phone | _____ Supervisor Email _____ |
| Send mail to | <input type="checkbox"/> Work <input type="checkbox"/> Home |
| (pick only one) | |

| Emergency Contact | |
|-------------------|--------------------------|
| Name | _____ |
| Phone | _____ Relationship _____ |

| Interests and Skill Inventory | | |
|--|--|--|
| Why are you interested in working with MMAP? _____ | | |
| Are you fluent in any language other than English? If so, please specify. _____ | | |
| Skills and Interests | | |
| <input type="checkbox"/> Assist clients, one-on-one | <input type="checkbox"/> Research | <input type="checkbox"/> Writing articles |
| <input type="checkbox"/> Basic Computer/Internet | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Organizing/Scheduling |
| <input type="checkbox"/> Public Speaking (large groups) | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> Public Speaking (small groups) | <input type="checkbox"/> Teaching/training | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Other | | |



| Availability | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Hours per week _____ | | | | |
| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

| Background | |
|---|--|
| Experience Include paid and volunteer experience, starting with most recent | |
| Company _____ | Position Type <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Employee |
| Job Title _____ | Dates of Service _____ |
| Contact Person _____ | Phone _____ |
| Duties _____ | |
| Company _____ | Position Type <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Employee |
| Job Title _____ | Dates of Service _____ |
| Contact Person _____ | Phone _____ |
| Duties _____ | |
| Education | |
| College/University _____ | |
| Degree/Major _____ | Graduated _____ |
| Other Degrees/Certifications _____ | |

| Conflict of Interest Screening Questions | |
|---|--|
| Are you affiliated with any of the following | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance company, agent, or broker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial planning service | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health insurance claims or billing service | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law firm or legal services organization | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (please describe below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered yes to any of the above, please explain | |

| References | |
|---|--------------|
| Please list three references, who are not related to you. | |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |



Optional Health Status Questions

Do you have any medical conditions you would like MMAP to be aware of? Yes No

If yes, please describe:

If you require special accommodations, please describe:

Optional Demographic Information

Our funders would like you to consider answering these questions

Are you under 65 years of age and receiving or applied for Social Security Disability? Yes No

What is your ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |

Declaration & Authorization

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief.

I also declare that:

- The purpose of the training I receive as a MMAP Team Member is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain, and
- MMAP is not required to accept all applicants for placement in positions.

I am aware that MMAP will conduct a comprehensive background check which is part of its standard screening process for all applicants. I understand that the background check will include national and state criminal records check and an insurance license check with the state of Michigan, and may include reference checks, checks on my driving record, and checks into my employment and volunteer history and experience.

I authorize MMAP to contact the references named above with regard to my application to become a MMAP team member. I also authorize the persons referenced to provide information in connection with my application and release them from any liability in regard to it.



I understand that I do not have to agree to this background check, but that my refusal may exclude me from consideration for MMAP “positions of trust” that include a role as a counselor, or depending on job responsibilities, an administrative assistant.

I understand that MMAP will limit the information it collects to that needed to determine my suitability for particular types of team member work, that it will keep all such information confidential and destroy documents containing my Social Security number once the criminal records check is complete.

| | |
|---------------------------------------|--|
| Applicant Signature, Date: | |
| Regional Coordinator Signature, Date: | |

| For Office Use Only | |
|--|---|
| <i>To Be Completed by Regional Coordinator</i> | |
| Counseling Location Zip Code | |
| Counseling Location County | |
| Compensation | <input type="checkbox"/> Volunteer <input type="checkbox"/> Paid In-Kind <input type="checkbox"/> MMAP Paid |
| Expected Initial Training Date | |
| Team Member Site | |
| <i>To Be Completed by MMAP Staff</i> | |
| PIN # | |
| Date Processed | |