



MMAP

MICHIGAN MEDICARE
ASSISTANCE PROGRAM

Navigating Medicare

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		

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 to have a better understanding of our Team. All are optional.
Are you under 65 years of age and receiving or have applied for Social Security Disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ethnicity? Check all the apply.
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latinix
<input type="checkbox"/> Middle Eastern/North African <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: _____
What is your current gender?
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary
<input type="checkbox"/> I use a different term _____
Which of the following best represents how you think of yourself?
<input type="checkbox"/> Lesbian or gay
<input type="checkbox"/> Straight, that is, not gay or lesbian
<input type="checkbox"/> Bisexual
<input type="checkbox"/> I use a different term _____
Do you consider yourself to be transgender?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Declaration & Authorization
<p>I declare that the information provided, and statements made in this application are true and complete to the best of my knowledge and belief.</p> <p>I also declare that:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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</p>

on job responsibilities, an administrative assistant.

I understand that MMAP will limit the information it collects to that needed to determine my suitability for 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	

March 2024, earlier versions obsolete