



Volunteer Agreement

Scope of Responsibility

I, (print name) _____, agree to act within the scope of my responsibilities as described in the **position description** for (print name of the volunteer position, e.g., administrative volunteer, one-on-one counselor, etc.) _____, and to abide by all program policies and procedures provided in the SMP volunteer handbook, policy manual, and other guidance.

Training

I agree to attend the orientation and training programs and abide by the all program policies and procedures required for my volunteer position, and I understand that the SMP program reserves the right to make changes in the nature of my volunteer assignment, and that a breach of this agreement may result in the termination of my volunteer service.

Confidentiality

I understand that in the course of my work as a SMP volunteer, I will have access to sensitive and confidential information about Medicare beneficiaries that may include medical, insurance, financial, and other personal information. I agree to keep such information confidential and to use it only to perform my duties as a SMP volunteer to the extent that a client explicitly authorizes it. I will discuss cases and client names only with authorized staff and affiliates of Medicare, Medicare contractors, Medicaid, insurance companies, medical providers and suppliers, law enforcement officials, or SMP program personnel, for the purpose of assisting the client.

Information and Data Security

I understand that I may, from time to time, have in my possession sensitive and confidential documents and client information in electronic and/or hard copy forms. I agree to comply with the SMP program's information and data security policies and procedures to ensure the safe handling, transmission, and storage of beneficiary information.

Conflict of Interest

I understand that one important goal of the SMP program is to provide objective information, education, and assistance to beneficiaries about Medicare fraud prevention, detection, and reporting. I also understand that SMP volunteers cannot promote any personal, religious, or business interest while engaged in SMP work. **I affirm that I am not engaged in the sale of insurance as an agent or broker, nor do I hold an active license to sell health insurance. I agree that in connection with my work as a SMP volunteer I will not solicit or persuade clients to purchase or enroll in any specific health insurance plan, to switch from one insurance plan to another to replace existing coverage, to go to a specific provider for medical treatment or services, or to a particular insurance agent or broker. I also agree to report any conflict of interest that may arise during my service as a SMP volunteer to my SMP Volunteer and Training Coordinator.**

Proof of Valid Driver's License and Current Insurance Coverage

I, **(print name)** _____, certify that I have a valid driver's license and current automobile insurance coverage. In the event that my automobile insurance policy or driver's licenses lapses, I agree to notify my SMP program supervisor immediately.

Please attach photocopies of a valid driver's license and current automobile insurance coverage.

Volunteer Signature: _____ **Date** _____