



Ombudsman Volunteer Program

Volunteer Application

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The KanCare Ombudsman Volunteer Program will have trained volunteers answering calls and meeting with people in the office who have questions about KanCare. They will be able to answer Medicaid questions, help resolve problems and refer members to resources. The program will start in the more urban areas of Kansas (Kansas City Metro and Wichita) and future areas will be added as indicated by need.

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All applicants for the KanCare Ombudsman Volunteer Program must complete and sign the application and the background check forms when applying to the program. If a person with a disability requires auxiliary aides and services when completing this application, please contact the KanCare Volunteer Ombudsman's office to make that request.

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

Applicant Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell [ ] Home [ ]

Fluent in any language other than English? Yes [ ] No [ ]

If yes, please list

\_\_\_\_\_

This position requires approximately 3 -10 hours of volunteer service per week between the hours of 9am-5pm in the Wichita office or 10am-4pm in the Olathe office. What is your availability?

\_\_\_\_\_

Are you a college student? Yes [ ] No [ ] If so, what school? \_\_\_\_\_

Are you employed? Yes [ ] No [ ] If so, where? \_\_\_\_\_

This position requires use of a personal computer, Microsoft Office Products (Word, Excel, Outlook email, etc.), the Internet, email and telephone. What is your experience with this equipment, service and software?

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Tell us about your work and/or volunteer experience.

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Tell us why you are interested in being a KanCare Ombudsman Volunteer.

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Please describe your experience helping people who have problems with or questions about government programs or services (could be KanCare or some other program)

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Are you or have you been affiliated with any of the following organizations or companies?

	Yes	No
AmeriGroup	[ ]	[ ]
United HealthCare	[ ]	[ ]
Sunflower Health	[ ]	[ ]
Disability Rights Center	[ ]	[ ]
Relationship with a KanCare recipient	[ ]	[ ]
Kansas Legal Services	[ ]	[ ]
Have you been or are you a targeted case manager?	[ ]	[ ]

Declaration:

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 I understand that the purpose of the training I receive as a KanCare Ombudsman Volunteer is to provide services free to charge of people with Medicaid and is not to be used for my personal or professional gain.

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

Please complete and submit the application and forms to:

KanCare Ombudsman Satellite Office  
Attention: Josephine Alvey  
8915 Lenexa Drive  
Shawnee, KS 66214.

For questions about filling out the background check forms call Josephine at (785) 230-3732.

This is what you can expect to happen next:

- The Volunteer Coordinator will review your application then call you to set up an interview.
- If the volunteer service position is a good fit for both the volunteer and the KanCare Ombudsman office, a background check will be completed next.
- Once you have passed the background check, you will receive information for the initial training and a schedule of the training sessions.