



SHIBA Volunteer Coordinator's Mentoring Certification Checklist

Volunteer Name: _____ Volunteer Coordinator: _____

Sponsor: _____

Date: _____ SHIBA Mentor: _____

Preparation Completed by: Volunteer Coordinator		Date	VC's Initials
<input type="checkbox"/>	Volunteer application has been completed and submitted to VC		
<input type="checkbox"/>	Volunteer background check has been completed		
<input type="checkbox"/>	Volunteer has completed Basic Training		
<input type="checkbox"/>	Volunteer has taken and passed SHIBA Certification Exam		
<input checked="" type="checkbox"/>	Volunteer has taken the Mentoring Training ¹		
<input type="checkbox"/>	Volunteer observes 10 hours of counseling sessions lead by an experienced volunteer		
<input type="checkbox"/>	Volunteer can demonstrate using SHIBA Online (CCRs, PMAs, timesheets, etc.) on their own or on paper form if applicable		
<input type="checkbox"/>	Volunteer understands how client calls are assigned and the turn-around time for responding to a client's call		
<input type="checkbox"/>	Volunteer does not use a computer	STOP HERE	
<input type="checkbox"/>	Volunteer is able to successfully maneuver on the OIC website		
<input type="checkbox"/>	Volunteer understands how to identify and order publications and training materials on MySHIBA		
<input type="checkbox"/>	Volunteer can access other online resources like: Medicare.gov; Medicare Plan Finder; Social Security; DSHS; HCA; etc.		

Volunteer Coordinator Signoff Signature: _____

¹ Mentoring training will be available sometime in 2016. Please skip step until further notice and continue mentoring as noted in next step.

Note: Once completed, please mail back to the OIC for office use.

Attn: Cortney Melton – SHIBA
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