

Senior LinkAge Line®
Health Insurance Counseling Services

**Volunteer Activities
Monthly Report Form**

Name:

Instructions:

Use this form to document your volunteer activities for the month. Include: community presentations, Medicare Fraud, health insurance counseling, one-on-one assistance, booth/ exhibitor at health & senior fairs, training, preparation time & research, office assistance, data entry, travel.

List your events on the front of this form and list **community** Medicare presentations on the back.

Please complete all columns.

Date	Activity	Length of Activity	Location & City	No. Assisted (If applicable)	Total Vol. Hours (Including travel)
Example 01.03.2024	Health Insurance Counseling	2 hrs.	ARDC Building, Duluth	3	3

Please report this information by the **5th day of each month** following the end of the month. Example: January activities are due February 5.

You may report this information by:

- Calling Lee Swenson at: 800-333-2433, ext. 81019
- E-mailing an electronic copy to: lswenson@ardc.org
- Faxing a completed form to: 218-529-7545
- Mailing a completed form to: Lee Swenson
ARDC's Area Agency on Aging
221 West First Street
Duluth MN 55802

Thank you for your gift of time!

Community Presentations and Events

Date	Activity	Length of Activity	Location & City	No. Attending	Subject Areas Covered	Target Audience	Total Vol. Hours (Including travel)
Example 01.03.2024	Community Presentation	90 minutes	Rainbow Center Duluth	35	SLL, OM, V	MB	2 hrs.

To complete the column titled, **Subject Areas Covered**, list all topics discussed using the abbreviation below.

- Original/traditional Medicare – **OM**
- Medicare Savings Program – **MSP**
- Medicare Fraud and Abuse – **MFA**
- Medigap/Medicare Supplements – **MS**
- Prescription Drug Assistance – **PD**
- Volunteerism- **V**
- General SLL/HIC Information – **SLL**
- Medication Management – **MM**
- LTC/LTC Insurance – **LTC** (Long Term Care)
- Part D – **Med D**

To complete the column titled, **Target Audience**, choose from the abbreviations that describe the attendees.

- Medicare beneficiaries and/or pre-enrollees – **MB**
- Family members/caregiver of Medicare beneficiary - **FMS**
- Non-Caucasian – **NC**
- Disabled – **D**