

AGING MATTERS
LONG-TERM CARE OMBUDSMAN PROGRAM
VOLUNTEER APPLICATION

Name: _____

Address: _____

Street

City

State

Zip

Home Phone: _____ Bus. Phone: _____ Cell Phone: _____

Email Address: _____

How often do you check your email? _____

Interested in volunteering in the following: (Please check all that apply)

___ Ombudsman Volunteer in ___ Skilled Nursing or ___ Residential Care Facility

___ Ombudsman Volunteer in more than one facility

___ Ombudsman Office Volunteer: ___ Answering Phone, ___ Placing Calls, ___ Filing
___ Data Entry _____ Other (specify)

___ Auxiliary Ombudsman Volunteer:

___ On call Volunteer

___ Training, Educating, Presentations

___ Grant Writing/Research

___ Recruitment

___ Soliciting Funds

___ Marketing/Public Relations

___ Assisting/Coordinating Special Events

___ Other (specify)

Availability for volunteering (please circle days and write times available below.)

MON

TUES

WED

THURS FRI

SAT

SUN

When could you start? _____ Do you have reliable transportation? Yes No

Are you currently employed? Yes No

Current Employer: _____

Full-time

Part-time

What kind of work do you do? _____

Other Related Duties _____

Work / Volunteer Experience

1. Describe Previous: (Circle One) Work Experience or Volunteer Experience

Organization: _____ Dates: _____

Address: _____ Phone: _____

Supervisor's Name: _____ POSITION: _____

WHAT DID YOU LIKE/DISLIKE ABOUT THIS POSITION?

2. Describe Previous: (Circle One) Work Experience or Volunteer Experience

Organization: _____ Dates: _____

Address: _____ Phone: _____

Supervisor's Name: _____ POSITION: _____

WHAT DID YOU LIKE/DISLIKE ABOUT THIS POSITION? _____

3. Describe Previous (Circle One) Work Experience or Volunteer Experience

Organization: _____ Dates: _____

Address: _____ Phone: _____

Supervisor's Name: _____ POSITION: _____

WHAT DID YOU LIKE/DISLIKE ABOUT THIS POSITION? _____

Education/Special Training (Describe education, any degrees, special training, life experiences, etc.)

Memberships in civic/fraternal/church/professional or other organizations: _____

Describe any personal/professional/volunteer experience you have had working with nursing homes or the elderly: _____

Do you or a family member work in or own a nursing home or residential care facility? YES NO

If yes, briefly explain and name facility: _____

Is a member of your family living in a nursing home at the present time? YES NO

If yes, where: _____

Write a brief statement of why you want to be a Long-Term Care Ombudsman: _____

What do you hope to accomplish as a volunteer with the LTCO program?

What questions/concerns do you have about the volunteer position? _____

Please supply any additional information that might be useful:

WORK/VOLUNTEER REFERENCES:

NAME: _____

ADDRESS: _____
CITY _____ STATE _____ ZIP _____
DAYTIME TELEPHONE _____
EMAIL _____

NAME: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
DAYTIME TELEPHONE _____
EMAIL _____

PERSONAL REFERENCES:

NAME: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
DAYTIME TELEPHONE _____
EMAIL _____

NAME: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
DAYTIME TELEPHONE _____
EMAIL _____

May we contact persons listed on this application? YES NO

Have you ever been convicted of a crime? YES NO

SIGNATURE

DATE