

LONG TERM CARE OMBUDSMAN PROGRAM

Volunteer Application Form

Date: _____

1. Personal Information:

Last Name First Name Middle Initial

Address City Zip Code

Phone (home) _____ (Work/message) _____

Birthdate: _____ / _____ (Optional) E-mail: _____
Month/day

Transportation available (describe) _____

2. Education:

School Attended Year Degree Major

3. Special Training:

4. Employment History/description of work*:

5. Volunteer Experience.* Organization, describe

6. Have you worked in a long term care facility in any capacity in the last year?

Nursing Home	Y	N	Assisted Living	Y	N
Boarding Home	Y	N	Adult Family Home	Y	N
Group Home	Y	N	Congregate Care Facility	Y	N

If yes, explain work capacity: _____

*Please include a copy of resume if available.

7. Do you speak a foreign language/identify with any cultural group: _____

8. Why do you want to be a volunteer Long Term Care Ombudsman?

9. How did you learn of this volunteer opportunity:

Newspaper: _____ Presentation: _____ Poster/Flier: _____ Friend: _____

Other: (describe) _____

10. Are you willing to devote four (4) hours to the volunteer ombudsman program plus the time needed to follow through on critical issues? Yes _____ No _____

11. Are you willing to complete the required written reports? Yes _____ No _____

12. References: (Work or Personal) Please include full address and phone number.

Name	Address	Phone
Name	Address	Phone

13. In case of emergency, notify: _____
Name Phone

Relationship

All answers are true and complete to the best of my knowledge. I understand that it is a normal part of Pierce County procedure to reserve the right to make such inquiries as are deemed appropriate to the suitability of any new worker.

Signature Date