

# 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