

## **Appendix L - Volunteer Application (long)**

### **Insert Community Program's Name Here Long-Term Care Ombudsman Program Volunteer Application**

**Please print clearly:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Birthday (month and day only)** \_\_\_\_\_  
Month Day

**1. Please check the volunteer position you are seeking?**

**Volunteer Visitor**       **Certified Ombudsman**       **Special Project Volunteer**  
 **Community Education**       **Other:** \_\_\_\_\_

**2. Why do you want to become a volunteer for the Long Term Care Ombudsman Program?**

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

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**4. How did you first learn about volunteering with the LTCO program?**

newspaper ad     LTCO staff     LTCO volunteer     poster     brochure     flyer  
 other: \_\_\_\_\_

5. How many hours a month (*Local program: decide per month or week*) are you available to volunteer with the Ombudsman program? \_\_\_\_\_

6. What time of the day and on which days do you prefer to work?

|                | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|----------------|------|-------|------|--------|------|------|------|
| Time<br>Of Day |      |       |      |        |      |      |      |

7. Are you presently employed?  Yes  No.

If yes, how many hours a week do you work? \_\_\_\_\_

8. In which counties (*local program needs to list counties*) are you willing to visit long term care facilities? (*or specify which cities, service area*)

County A     County B     County C     County D     County E

County F     County G     County H     County I     County J

9. Briefly describe previous related experience to this volunteer position:

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10. Have you ever been inside a nursing home?  Yes  No  Unsure

Have you ever been inside a personal care home or an assisted living facility?  Yes  No  Unsure

If yes, please describe your experience(s):

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Do you have relatives or friends closely connected with a nursing or personal care home?

Yes  No.

**If yes, please explain possible relations/conflicts.**

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**11. Please check the education that you have received?**

- Grade School     High School                       Technical Training  
 Some College     College Degree                       Graduate Degree  
 Other: \_\_\_\_\_

**12. Please check any of the following special skills or interest that you have:**

- Computer skills                       Office skills                       Public Speaking  
 Mediation                               Counseling                       Teaching  
 Volunteer Management               Interviewing skills               Legal Training  
 Medical Training                       Sign Language               fundraising  
 Foreign Language \_\_\_\_\_  
 Other: \_\_\_\_\_

**12. Are you willing and able to make a one year commitment to volunteer with the Ombudsman Program?**     Yes     No     Don't Know

**13. What questions/concerns do you have about the volunteer position?**

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**14. List any previous volunteer experience that you have had. Please include the organization, your involvement and the length of time your volunteered:**

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**15. Please supply any additional information that might be useful:**

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**16. As this volunteer position often requires working with vulnerable adults, we need to do a criminal background check. Do you grant permission? \_\_\_ Yes \_\_\_ No**

**If yes, please provide your social security number: \_\_\_\_\_.**

**17. Please list two references we may contact. These should not be relatives but should be teachers, employers, or other community members:**

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|             |                            |
|-------------|----------------------------|
| <b>Name</b> | <b>Relationship to You</b> |
|-------------|----------------------------|

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**Address**

**How does this person know you? \_\_\_\_\_**

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|             |                            |
|-------------|----------------------------|
| <b>Name</b> | <b>Relationship to You</b> |
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**Address**

**How does this person know you? \_\_\_\_\_**

**18. Please provide the name and phone number of a person we should notify in the event of an emergency:**

**Name: \_\_\_\_\_**

**Relation to You: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone Number(s): \_\_\_\_\_**

***Thank you for your interest in volunteering with the Long Term Care Ombudsman Program. Please return the application to the following address:***