

OMBUDSMAN SELF EVALUATION

Name: _____

Facility: _____

Date: _____

I. On average, how much of your volunteer time do you spend on the following activities in an average month?

- _____ hours with residents, visiting facility, core job responsibilities
- _____ hours consulting with regular staff
- _____ hours in various volunteer meetings
- _____ hours filling out reports, paperwork

II. Please assign yourself a ranking to the following areas in relation to your volunteer duties.

A=All

B=Sometimes

C=Never

_____ I represent the resident's position in fulfilling my job duties.

_____ I obtain the resident's permission before proceeding with complaints.

_____ I help residents to solve their own problems.

_____ I visit the assigned facility on a regular basis.

_____ I have a good working relationship with staff.

_____ I investigate further than the staff's side of the story.

_____ I complete reports of all work I do for the program.

_____ I turn in reports to the coordinator in a timely fashion.

_____ I feel comfortable visiting the long-term care residents.

_____ I have the information needed to do my job.

_____ I understand when and how to report resident abuse, neglect or exploitation.

_____ I feel I make a difference in the lives of residents.

III. Please answer the following questions based on your experiences with the Ombudsman Program.

1.) What are some of the main satisfactions you are receiving from your volunteer work?

2.) What are some of the main frustrations?

3.) What do you see as some of the positive aspects about the whole volunteer program?

4.) What do you see as some areas that could be improved?

5.) What in-service topics do you feel would best serve you?

Ombudsman Signature _____ Date _____

Ombudsman Program Staff _____ Date _____