

Volunteer Experience

Dates: From _____ To _____ Organization: _____

Job Title _____ Type of organization: _____

Dates: From _____ To _____ Organization: _____

Job Title _____ Type of organization: _____

Other volunteer and community activities: _____

Special skills, interests and hobbies: _____

References: Please list three references, including one employment or professional reference. No relatives, please.

Name	Relationship	Phone (day)	Phone (eve)

Have you spent time (as a visitor, employee, volunteer or any other role) in nursing facilities, adult foster care homes, residential care facilities or assisted living facilities?

Yes No **If yes, Please list below:**

Facility Name	Dates	Your role

Please describe your experiences: _____

Our mission is to enhance the quality of life, improve the level of care, protect the rights of the individual and promote the dignity of each Oregon citizen living in a nursing facility, residential care facility, assisted living facility or adult foster care home.

Conflict of Interest:

As a representative of the Office of the Long-Term Care Ombudsman, you will be a public official as defined by ORS 244.020(15). As a public official, you must avoid conflict of interest or the appearance of conflict of interest and cannot benefit financially from your affiliation with the Office of the Long-Term Care Ombudsman. If a conflict develops after your appointment as a volunteer, you must notify the office immediately.

Do you have any financial or fiduciary interest in a long term care facility, corporation, or partnership that owns long term care facilities?

Yes No

Have you been employed by or received remuneration from a nursing home, adult foster care home, assisted living facility or a residential care facility at any time in the **past two years**?

Yes No

Is any member of your family employed in a long-term care facility or receiving income from one?

Yes No

If yes, explain: _____

Are you currently employed by the Senior and People with Disabilities Division of the State of Oregon or an Area Agency on Aging, type B?

Yes No

Tell us a little about yourself (we may use this information in a press release, or so that the staff can learn more about you)

In case of emergency at a volunteer training or in your role as a volunteer, whom should we contact?

Name: _____ Phone: _____ Relationship: _____

Volunteer commitment:

Will you be able to fulfill the time commitments required by statute for the position? (Sixteen hours a month for Certified Ombudsman, six hours a month for R & S Committee).

Yes No

Will you be able to fulfill the duties of the applicable position description, including facility visits, completing monthly reports, attending monthly support meetings and length of service?

Yes No

Do you have reliable transportation, so you will be able to make regular facility visits and/or attend meetings?

Yes No

This is an official position with the State of Oregon. Do you understand and agree to have your name and local telephone number available to the public (posted in your assigned facilities and/or included in a press release)?

Yes No

Consent to Criminal Record Checks

The checks will assist The Office of the Long Term Care Ombudsman in making an informed decision about candidate qualifications. In assessing the pertinence of a conviction record, the agency will consider such factors as the nature of the crime, when and where it occurred, and the duties of the position for which application is made. The checks will be completed after you complete training.

I authorize the Office of the Long term Care Ombudsman to conduct criminal record checks and I agree to provide the office with the information necessary to complete criminal record checks.

Signature of Applicant

Date

Certification and Signature

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this form, or made in the course of any related application process, whether made by me or others at my request, will result in rejection of my application, denial of appointment to a volunteer position or dismissal if discovered after appointment.

Signature of Applicant _____
Date

**Please return this original, signed application to:
The Office of the Long-Term Care Ombudsman
3855 Wolverine NE Suite 6 Salem, OR 97305-1251 1-800-522-2602**

Certified Ombudsman Volunteer Responsibilities

Certified Ombudsmen are appointed by the State Long-Term Care Ombudsman to enhance the quality of life for the residents of long term care facilities. Each Certified Ombudsman has legislative authority to enter a facility and approach residents and staff members in order to fulfill the program's mission. Certified Ombudsmen are obligated to respond to all complaints made by or on behalf of the residents. They serve as impartial fact-finders, problem solvers and resource brokers. Though Certified Ombudsmen must be professional, impartial and fair in pursuit of their mission, they are first and foremost resident advocates and will approach every problem from this essential perspective.

Certified Ombudsmen commit to spending a minimum of sixteen hours a month on their ombudsman responsibilities. Volunteers must complete a six-day certification training and attend ten hours of continuing education annually. A one-year minimum commitment is requested.

Recruitment and Screening Committee Volunteer Responsibilities

Members of the Recruitment and Screening Committees are appointed by the State Long-Term Care Ombudsman to recruit and screen volunteers to serve as Certified Ombudsman and to create public awareness of the Ombudsman Program and its services. Typical activities include individual contacts, media campaigns, public speaking, and screening potential volunteers. Committee members meet on a regular basis and volunteer four to six hours monthly. Training and staff support is provided.

Executive Volunteer Responsibilities

Executive volunteers work with program staff to provide additional support with administrative functions, technology or special projects. Volunteers complete training as appropriate to their role and volunteer on an as-needed basis.

For Recruitment and Screening Committee Use Only

Date Committee received application: _____ Interview Date: _____

Comments: _____

References checked: _____ Comments: _____

Committee Recommendation: Approved Not Approved Photo ID Checked:

Recruitment & Screening Committee Member Signature: _____

State Ombudsman recommendation: _____ Date: _____

Office of the Long-Term Care Ombudsman

Certified Ombudsman Volunteer Position Description



Certified Ombudsman are resident advocates who identify, investigate and resolve complaints in order to protect the rights, dignity, and safety of residents of nursing homes, residential care facilities, adult care homes and assisted living facilities. Certified Ombudsman volunteers are appointed by the State Long-Term Care Ombudsman and report to the Deputy Ombudsman of their assigned district.

Duties:

- Visit with residents, identifying complaints and concerns.
- Monitor resident care, staffing and building condition.
- Investigate complaints.
- Work with facility staff to correct problems, using a continuum of problem resolution and advocacy skills.
- Report all apparent cases of abuse as required by program policy and procedure.
- Submit reports monthly electronically or by mail.
- Maintain communication with the Office of the Long-Term Care Ombudsman.
- Promote respect and rapport between residents, facility staff and Ombudsman program.
- Inform residents, families, and facility staff about resident rights.
- Maintain confidentiality as required by law.
- Attend monthly team meetings and trainings to maintain certification.

Qualifications and Skills:

- 21 years of age and pass a criminal background check.
- Strong observation, communication and problem solving skills.
- Dependable and reliable.
- Adequate transportation to visit facilities.

Training:

- 48 hours of initial training including classroom, homework and facility visit.
- 10 hours of continuing education annually to maintain certification.

Time Commitment:

- Flexible schedule that includes at least 16 hours per month, including facility visits, monthly volunteer support and training meetings, and completing paperwork. The ability to meet with the residents, family, and staff during weekday business hours are required.
- Volunteers are requested to consider a two year commitment with the program.
- Certified Ombudsman volunteers are appointed by the State Ombudsman.
- Nursing homes, residential care facilities, and assisted living facilities are visited every one to two weeks. Adult care homes visited every two to four weeks.

Benefits:

- Improve the quality of care for residents in long-term care in your community.
- Ability to make a personal, direct, immediate positive impact for others.
- Develop knowledge on navigating long-term care systems.
- Free training, support, and background checks.
- Gain valuable work or career experience.
- Increase or develop public speaking, advocacy, and conflict resolution skills.
- Limited mileage reimbursements for those who qualify.
- Working with a spouse or partner opportunities available.
- Annual recognition and training events, monthly continuing education opportunities.

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OMBUDSMAN MISSION AND PHILOSOPHY

The mission of the Office of the Long-Term Care Ombudsman is to enhance the quality of life; improve the level of care; protect the individual rights and promote dignity of each Oregon citizen housed in a long-term care facility.

Each Certified Ombudsman has legislative authority to enter into a long-term care facility and approach staff and residents without restriction to fulfill the Program mission. Ombudsmen are lawfully obligated to “investigate” all complaints referred by residents or on their behalf [ORS 441.109 (i)], “monitor” all government policies and actions that affect residents; protect and promote patients’ rights [ORS 441.127 (e)], and keep residents and providers informed of the Program’s objectives and concerns [ORS 441.127 (d)], as well as undertake any other legal action that promotes resident welfare “as specified” [ORS 441.127 (f)].

Whenever possible, Certified Ombudsmen try to solve problems informally with the appropriate, lowest level of facility management, while higher levels of management are involved if necessary. In general, the provider’s inability or unwillingness to solve the problem at the facility level will result in a direct Ombudsman request for corrective action or a referral to outside agencies for investigation and follow-up enforcement action if necessary.

Though Ombudsmen must be professional, impartial, and fair in pursuit of their mission, they are first and foremost patient advocates and will approach every problem from this essential perspective.

Ombudsmen strive to become the eyes, ears and voices for the institutionalized elderly; they seek to encourage self-direction and autonomy among long-term care residents. They strive to remove barriers to quality care and stand as implacable foes of institutional repression wherever it exists and in whatever form it takes.

CONFLICT OF INTEREST STATEMENT

Oregon Administrative Rules: Chapter 114, Division 2 - Long-term Care Ombudsman

114-02-101 (4) “Conflict of interest with the Ombudsman Program” means that a situation exists where an individual’s personal interests may adversely influence the individual’s decisions relating to the Ombudsman Program, except that a person presently residing in a long-term care facility shall not have a conflict of interest with the Ombudsman Program. A conflict of interest with the Ombudsman Program exists when:

- a. A person or a member of the person’s immediate family has any financial or ownership interests in a long-term care facility or is employed by a long-term care facility;
- b. A person is an employee, agent, or officer of an Area Agency on Aging, type B, or the local State office of the Senior Services Division;
- c. A person has been employed by a long-term care facility within the last two years.

Office of the Long-Term Care Ombudsman

www.oregon.gov/LTCO

1-800-522-2602

3855 Wolverine NE Suite 6 Salem, OR 97305