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)________________

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?

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

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

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

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

   __ newspaper ad   __ LTCO staff   __ LTCO volunteer   __ poster   __ brochure   __ flyer
   __ other:________________________________________
5. How may 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?

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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:

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

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):

    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________

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

    __ Yes __ No.
If yes, please explain possible relations/conflicts.

____________________________________________________________________________________

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?

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
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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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: