Appendix K -- Volunteer Application (short)

Name: 

Address: 

Telephone: (Home) (Work) 

1. How did you learn about this program? 

2. Why do you want to be a Volunteer Ombudsman Representative? 

3. How many hours a week are you available to work with the Ombudsman Program? 

4. What time of day would you prefer to work as a volunteer? 

5. What day of week? 

6. Previous Related Experience: 

7. Special skills or interests: 

8. Please supply any additional information which might be useful: 

9. Please list two references we may contact: (non-family) 

Name Address 

Relationship to you 

Name Address 

Relationship to you 

SIGNATURE: DATE: