

**Statement of Agreement between Ombudsman Volunteer  
Representative and the  
Hawai`i Long Term Care Ombudsman Program**

**As a Volunteer Representative, I agree to be responsible in providing my own personal liability coverage as stated in the LTCO Volunteer Program Policies and Procedures. I also agree to:**

1. Adhere to all policies, procedures and of the OAA, Hawaii Revised Statutes, and program expectations set forth in the Volunteer Training Manual;
2. Adhere to the policies, procedures and guidelines of the assigned facility;
3. Abide by all regulations and policies regarding confidentiality;
4. Fulfill minimum training requirements as set forth in the position description;
5. Perform duties as outlined in the job description to the best of my abilities;
6. Receive supervision from the Volunteer Coordinator and be accountable to the Long Term Care Ombudsman Program and State Long Term Care Ombudsman;
7. Exercise my responsibilities in accordance with the Ombudsman Code of Ethics;
8. Upon resignation or termination return the program identification badge to the Volunteer Coordinator.

**I agree that the SLTCO has the authority to de-certify my position at any time if I do not meet the qualifications, guidelines or expectations as stated in the OAA, Hawaii Revised Statutes and the program policies and procedures.**

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Date: \_\_\_\_\_ Ombudsman Volunteer Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_ State LTCO: \_\_\_\_\_