

Ombudsman Volunteer Check List

Name of Volunteer: _____ PH#: _____

ITEM	DATE SUBMITTED	DATE COMPLETED
Written Application		
Background Check		
Reference Form	<u>Phone Call</u>	
1) _____	_____	_____
2) _____	_____	_____
Completion of Interview		
Confidentiality Agreement		
Conflict of Interest Agreement		
Statement of Agreement		
Acknowledgement of Code of Ethics		
<u>Initial Training:</u>	<u>Hours</u>	<u>Date Completed</u>
Mon. (LTC Laws/System)	_____	_____
Tues. (LTC Resident)	_____	_____
Wed. (Communication Skills)	_____	_____
Thurs. (LTCOP)	_____	_____
Fri. (Volunteer Ombudsman)	_____	_____
Total Hours:	_____	
<u>Competency Tests</u>	<u>Score</u>	<u>Date Completed</u>
LTC Laws	_____	_____
LTC System	_____	_____
LTC Resident	_____	_____
Communication Skills	_____	_____
LTCOP	_____	_____
Volunteer Ombudsman	_____	_____

<u>Continuing Education/Training</u>	<u>Topic</u>	<u>Date Completed</u>

