

Office of Ombudsman for Older Minnesotans

Volunteer Advocate Orientation Verification

Volunteer Advocate _____

Region _____ Ombudsman Supervisor _____

I have received orientation and information on the following topics:

Required under Minnesota Ombudsman statute

- Ombudsman Program Overview
- Role of the Ombudsman & Volunteer Advocate
- Nursing Home, Home Care & Hospital Patient Bill of Rights
- Client Confidentiality
- Vulnerable Adult Act

Additional Orientation Topics

- Review of Resource Manual
- Volunteer Program Policies & Procedures & Forms
- Visiting Residents & Responding to Problems/Concerns
- Resources for volunteers and consumers

Assignment Visit

- Met with NH Administrator or HWS Director & introduced to key staff
- Tour
- Received information about assigned residence, ombudsman program forms & ombudsman calling cards & volunteer calling cards (where applicable)

Classroom Orientation Dates & Hours _____

Assignment Visit Date & Hours _____

I have been assigned to:

_____ _____ Nursing Home or _____ Housing With Services residence

_____ City and County

I agree, as a Volunteer Advocate with the Office of Ombudsman for Older Minnesotans, to:

- Maintain the confidentiality of relationships with residents in accordance with state and federal law for the Ombudsman Office and abide by the consumer bill of rights.
- Perform my duties as a volunteer at a minimum of six hours monthly to include the items checked:
 - Assist residents in solving problems or concerns by working with appropriate staff and/or the ombudsman.
 - Develop a basic understanding of long-term care services and regulations in order to function as a resource to residents and families.
 - Visit my assigned residence on a regular basis to meet and befriend residents, provide information about resident rights and distribute ombudsman brochures and consumer resources about long-term care.
 - Meet with new residents and/or their family members to inform them of the ombudsman program and services.
 - Make contact with resident and family council leaders and seek permission to participate as appropriate.
 - Participate in the survey process by attending resident group interviews and exit conferences as assigned and report results to the ombudsman.
 - Respond appropriately to concerns and/or incidents that arise while in the facility by contacting the appropriate staff and/or the ombudsman.
 - perform other duties as assigned and arranged by the ombudsman:

- Follow the duties and commitments outlined in the Volunteer Position Description.
- Complete and submit monthly forms to the ombudsman supervisor.
- Obtain a total of twelve (12) hours of continuing education/training per year.
- Abide by the rules of the residence and be cooperative with the employees.

I understand, that as a Volunteer Advocate with the Office of Ombudsman for Older Minnesotans, I will:

- ❑ Receive a training manual at completion of my orientation that will serve as a reference for information, the code of ethics and policies and procedures that I will need to perform my job duties.
- ❑ Receive reimbursement for approved expenses.
- ❑ Complete monthly Activity form & Resident Problem-Solving form, when applicable.
- ❑ Receive a nametag.
- ❑ Have the opportunity to attend regular continuing education/training events scheduled by my ombudsman supervisor.
- ❑ Have the opportunity to attend the annual statewide volunteer training.
- ❑ Have regular supervision; feedback and guidance to better serve residents.
- ❑ Be designated yearly, upon compliance with program requirements and the completion of a minimum of 12 orientation & training hours per year (prorated for new volunteers the first year depending on date of assignment.)
- ❑ Be respected for my skills, dignity and individual needs to better serve residents.
- ❑ Be treated as an equal partner with program staff, jointly responsible for completing the mission and vision of the Office of Ombudsman for Older Minnesotans.
- ❑ Receive acknowledgment and recognition of my volunteer contributions.

Volunteer Advocate Signature

Date

Ombudsman Supervisor or Volunteer Coordinator Signature Date

Office of Ombudsman for Older Minnesotans

1-800-657-3591