VOLUNTEER ASSESSMENT OF LOCAL OMBUDSMAN PROGRAM

As part of our continued effort to improve the Ombudsman Program, we would like your responses to the following questions. Please be as complete and candid as possible. The Analyst from the California Department of Aging (CDA) Office of the State Long-Term Care Ombudsman (OSLTCO) will collect your assessment during his or her visit to your Program.

All of the information on this form is anonymous and confidential. After you complete your assessment, please keep it until your meeting with the OSLTCO Analyst.

1. How long have you been volunteering with the Ombudsman Program?
   - Less than 1 Year □
   - 1-5 Years □
   - More than 5 Years □

2. How did you first become aware of the Ombudsman Program?

3. What do you like best about being an Ombudsman? What do you like least?

4. What functions are you currently involved in?
   A. Investigate and resolve complaints □
   B. Make visits to facilities not in response to complaints and report problems □
   C. Assist in the development of resident and family councils □
   D. Provide educational programs for: Facilities □ Residents □ Other Community Groups □
   E. Witness Advance Health Care Directives (AHCDs) □
   F. Participate in Systems Advocacy □
   G. Other ______

5. How many Residential Care Facilities for the Elderly (RCFEs) do you visit on a regular basis?
   How often do you visit? Weekly □ Monthly □ Other ______

6. How many Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs) do you visit on a regular basis?
   How often do you visit? Weekly □ Monthly □ Other ______

7. To what extent do you think the Ombudsman Program’s paid staff accepts volunteers?
   - Well accepted □
   - Generally accepted, some exceptions □
   - Mixed reception □
   - Generally not, some exceptions □
   - Not well-accepted □
8. Do you feel you have adequate ongoing communication with the Ombudsman Program staff?
   Yes □ Somewhat □ No □ Don’t know □

9. Do you feel that you received sufficient orientation and initial training to begin your work as an Ombudsman?
   Yes □ Somewhat □ No □ Don’t know □

10. Do you receive sufficient continuing education to effectively carry out your assignments?
    Yes □ Somewhat □ No □ Don’t know □

11. Are you kept up-to-date on current happenings and new information?
    Yes □ Somewhat □ No □ Don’t know □

12. Are you provided with sufficient feedback from your supervisor?
    Yes □ Somewhat □ No □ Don’t know □

13. Do you think that you have sufficient opportunity for increased responsibility?
    Yes □ Somewhat □ No □ Don’t know □

14. Are there other ways that volunteers could be used in the Ombudsman Program?

15. Do you have any comments/suggestions on ways you feel the Ombudsman Program could be improved?

Thank you for taking the time to answer this questionnaire, and most of all, thank you for being an Ombudsman.