

III.

OMBUDSMAN PROGRAM VOLUNTEER APPLICATION

Today's Date

First Name

Middle Initial

Last Name

Current Address

City

State

Zip Code

Primary Phone

E-mail Address

Education/Special Training

Highest Grade Level Completed

Are you at least 18 years of age? Yes No

How did you hear about the Ombudsman Program (select all that apply)? *NOTE: If applicable, add check boxes for specific recruitment efforts by your program.*

Media/Letter to Editor Social Media Family Member or Friend Other:

If other, please specify.

Please respond to the following questions:

What attracted you to this volunteer opportunity?

What skills and qualities do you feel you have to contribute to the LTCOP?

Do you speak any languages other than English? Yes No If yes, what language?

Do you have reliable transportation, either personal, public transit, or other means? Yes No

Work

Experience (list most recent positions)

Position: Agency: Date:

Position: Agency: Date:

Position: Agency: Date:

Volunteer Experience (list most recent positions):

Position: Agency: Date:

Position: Agency: Date:

Position: Agency: Date:

Do you hold a professional license that has mandatory reporting requirements (e.g., nursing, social worker, therapist, etc.)? Yes No

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment); or are there any pending criminal charges awaiting a hearing in a court of law; or any finding against you of abuse, neglect, or exploitation of a vulnerable individual? Yes No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Please note that a criminal background check will be conducted as part of the volunteer application and screening process. Note: Record of a criminal conviction will not necessarily be a cause for disqualification, but failure to disclose the information will be. All information obtained during the screening process will be kept confidential.

REFERENCES AND EMERGENCY CONTACT

References: List contact information for two individuals who know you well, other than relatives, to act as personal references. You may include individuals you've worked with and for in both paid and volunteer positions.

1. Name

Telephone Number

Street Address

City

State Zip Code

E-mail Address

Relationship

2. Name

Telephone Number

Street Address

City

State Zip Code

E-mail Address

Relationship

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name

Relationship

Home Telephone Number

Business Telephone Number

Cell Phone Number

Statement of Understanding: I certify that all information is true, complete, and has been given voluntarily. I authorize [Click here to enter text.](#) to obtain all information on my background and direct the holders of all such information to release it to [Click here to enter text.](#) I understand that any information obtained by during the screening process by [Click here to enter text.](#) will be kept confidential.

Applicant's Signature: _____ Date: _____