



## Volunteer Ombudsman Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

1. How did you first learn about volunteering with the Ombudsman Program? \_\_\_\_\_

2. Why are you interested in joining the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you presently employed?  Yes  No

If yes, where are you employed? \_\_\_\_\_

4. Have you spent time (as a visitor, employee, volunteer, or any other role) in nursing facilities, residential care facilities, or assisted living facilities?  Yes  No

Name of Facilities	Dates	Your Role
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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5. This program requires visiting a long-term care facility at least 1 time monthly and a commitment of about 2-4 hours a week on advocacy efforts. Can you meet this requirement?  Yes  No
6. Are you willing and able to make a one-year commitment to volunteer with the Ombudsman Program?  
 Yes  No
7. This volunteer position requires working with vulnerable adults. A criminal background check is required on all volunteers for State certification. Have you ever been convicted of a crime?  Yes  No
8. List any previous volunteer experience that you have had. Please include the organization, your involvement, and the length of time you volunteered: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

❖ REFERENCES ❖

9. Please identify two references including at least one employment reference, if possible (no relatives, please).

NAME	RELATIONSHIP	PHONE

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## VOLUNTEER ASSURANCES

As a volunteer Ombudsman, I understand that the program requires a commitment to the ideals of the program that have been explained to me and I provide assurances that I will comply with these ideals as stated below:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I am at least 21 years old.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have reliable transportation.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to be tactful, diplomatic and non-judgmental.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I will be reliable and conscientious.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to be respectful of residents' preferences and cultural views.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I will listen objectively without inserting my personal values when listening to residents.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have no family/friends residing in a facility in which I will volunteer.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to participate in a criminal background check.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand that the work I do is confidential. I will not share any information about complaints, records, facilities, residents, or staff with anyone outside of the Ombudsman program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree not to express an opinion about the quality of specific long-term care facilities to the public, family, or friends.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to complete the paperwork in a timely manner as identified by my supervisor.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I do not have financial, personal, or professional conflict with long-term care facilities.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Name

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Date

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