



## REGIONAL LONG-TERM CARE OMBUDSMAN PROGRAM VOLUNTEER OMBUDSMAN ASSOCIATE APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY

Name			
USPS Mailing Address			Home Telephone (Area Code + Number)
			Mobile Telephone (Area Code + Number)
City	State	Zip	County Work Telephone (Area Code + Number)
Email Address:			
Valid Drivers License? <input type="checkbox"/> No <input type="checkbox"/> Yes	State	If you do <u>not</u> drive, what other reliable transportation do you have?	
How did you first learn about volunteering with the RLTCO Program? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> RLTCOP Staff <input type="checkbox"/> Poster <input type="checkbox"/> Brochure <input type="checkbox"/> Flyer  <input type="checkbox"/> Other: _____			
Please indicate your highest educational degree: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Post-Graduate			
Do you now work for, or have you ever been employed by, a nursing home or other long-term care facility, or for a Home Health Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes. If "Yes," please identify the employer and dates of employment:			
Have you been charged with, or convicted of, a crime of violence or trust? <input type="checkbox"/> No <input type="checkbox"/> Yes    Where?:			
Briefly describe any other relevant educational/vocational/avocational achievements, or life experiences, that you believe will assist you as a volunteer Ombudsman Associate:			

**PERSONAL REFERENCES**

Please provide contact information for two persons, not family members, who we can contact for a personal reference relative to your Application.

**Reference One**

Name			
Mailing Address			
City	State	Zip	County
How does this person know you?			

**Reference Two**

Name			
Mailing Address			
City	State	Zip	County
How does this person know you?			

I certify that the information provided herein is true and correct to the best of my knowledge and belief.

Applicant Signature	Date
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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Ombudsman Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: