

OHIO OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
Volunteer Ombudsman Application

NAME: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

PHONE (Include area code): _____
Home Work Other (Mobile)

E-Mail: _____ **Best Time to Contact:** _____ **AM/PM**

EMERGENCY CONTACTs: (List 2) Name _____ Phone _____
Name _____ Phone _____

Employer: _____ **Occupation:** _____

Please note that current employment with a provider of long-term care services creates a conflict of interest that cannot be remedied.

Education: (Please list any education you have that would apply to your duties as an Ombudsman volunteer)

Related Experience and Skills: (Please include activities in which you acted as an advocate, worked with the aging population, and any special skills you have such as speaking a foreign language, computer proficiency, etc)

Other Volunteer Experience:

Have you ever been arrested or convicted of anything other than a minor traffic violation?
YES _____ **NO** _____ (If YES, please explain. Your response will not necessarily preclude you from being accepted as a volunteer.):

Do you have a valid driver's license and current insurance? YES _____ **NO** _____

When are you available to attend training? (The regional program may or may not offer training during all of the times below; they are provided for planning purposes to determine what best meets volunteers' needs. Please indicate your availability as follows: 1=always available 2=often available 3=rarely available 4=never available)

_____ 9am – 12pm weekdays _____ 12pm – 5pm weekdays _____ 5pm – 9pm weekdays
_____ 9am – 12pm Saturdays _____ 12pm – 4pm Saturdays

References: Please list three persons who are not related to you whom we may contact as references.

1. _____
NAME ADDRESS TELEPHONE

2. _____
NAME ADDRESS TELEPHONE

3. _____
NAME ADDRESS TELEPHONE