



1401 El Camino Avenue, 4th Floor Sacramento, CA 95815
Phone: 916-376-8910 Fax: 916-376-8914
www.agencyonaging4.org

Long-Term Care Ombudsman Volunteer Application

Please print clearly

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Birthday (month and day only) _____

1. Why do you want to become a volunteer for the Long-Term Care Ombudsman (LTCO) Program?

2. What do you hope to accomplish as a volunteer with the LTCO Program?

3. How did you first learn about volunteering with the LTCO Program?

Newspaper Ad LTCO Staff LTCO Volunteer
 Brochure Flyer Other: _____

4. How many hours a month would you be available to volunteer with the Ombudsman Program? _____ hours per month

5. Are you currently employed? Yes No
If yes, please list company name, and city: _____

6. Have you ever been inside a nursing home? Yes No
Have you ever been inside a residential care facility? Yes No

If your answer was "yes" to either of the above questions, please describe your experience(s):

7. Are you a provider of any services that are monitored by the California Long-Term Care Ombudsman Program? (i.e., Do you own or are you employed by a nursing facility or a residential care facility?) Yes No

8. Have you been employed by a skilled nursing or residential care facility in the past? Yes No *If your answer was "yes," when and where were you employed?*

9. Are you related directly or by marriage to anyone who owns or is employed by a skilled nursing facility or a residential care facility? Yes No

10. Is there any other issue that might constitute a potential conflict of interest for you as an Ombudsman? _____

11. Please check your level of education:

- Grade School High School Technical Training
 Some College College Degree Graduate Degree
 Other: _____

12. Are you willing and able to make a one-year commitment to volunteer with the Ombudsman Program? Yes No Unsure

13. List any previous volunteer experience(s) that you have had. Please include the organization, your involvement, and the length of time you volunteered:

14. As this volunteer position regularly requires working with vulnerable adults, we will need to do a criminal background check and must complete fingerprinting via Livescan. Do you grant permission for this to be done? Yes No

If you answered yes, please provide your social security number _____

15. Do you have a valid California Driver's License? Yes No

If yes, please provide the number _____ *and expiry date:* _____

(office use only) Proof of Insurance on file: confirmed _____ expiry date _____

16. To become a Certified Ombudsman, volunteers must complete training that is required (36 + hours of in class and field training) by the Office of the State Long-Term Care Ombudsman and the California Department of Aging, are you able to attend the entire training? Yes No

17. Please list **three** references we may contact. These should not be relatives

Name # 1:	
Address:	
Phone:	Email:
Relationship to you:	How long have you known this person?
Name # 2 :	
Address:	
Phone:	Email:
Relationship to you:	How long have you known this person?
Name # 3:	
Address:	
Phone:	Email:
Relationship to you:	How long have you known this person?

I have read the Ombudsman job description and understand the commitment and responsibilities of the work. I submit that all information preceding this statement is accurate to the best of my knowledge. I hereby authorize the Ombudsman Program to make whatever inquiries are necessary to verify any of the above facts.

Signature of Volunteer Applicant

Today's Date

Please return to:
LTC Ombudsman Program
1401 El Camino Avenue, 4th Floor
Sacramento, CA 95815

Serving Sacramento, Yolo, Yuba, Sutter, Placer, Sierra and Nevada Counties.