



LONG-TERM CARE OMBUDSMAN PROGRAM
VOLUNTEER APPLICATION

Please Return:
Drop-off: 851 W 23rd St, Merced, CA 95340
Email: HSAOmbudsman@CountyofMerced.com
Fax: (209) 724-4036

— Please Print Clearly —

Form with fields: First Name, Last Name, Address, City, State, Zip, Home Ph, Work Ph, Fax #, Email Address, Birthday (Month/Day)

- 1. Please check the volunteer position you are seeking:
[ ] Certified Ombudsman [ ] Special Project Volunteer [ ] Office
[ ] Community Education / Public Relations [ ] Board of Directors
[ ] Fundraising [ ] Other:

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

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

4. How did you first learn about volunteering with the LTCO Program?
[ ] Newspaper ad [ ] LTCO staff [ ] LTCO volunteer [ ] Poster
[ ] Brochure [ ] Flyer [ ] Other:

5. How many hours per month would you be available to volunteer with the Ombudsman program? Hours per Month

6. What time of day and on which days to you prefer to work and are available?

<b>Days</b>	<b>SUN</b> <input type="checkbox"/>	<b>MON</b> <input type="checkbox"/>	<b>TUE</b> <input type="checkbox"/>	<b>WED</b> <input type="checkbox"/>	<b>THU</b> <input type="checkbox"/>	<b>FRI</b> <input type="checkbox"/>	<b>SAT</b> <input type="checkbox"/>
<b>Time</b>							

7. Are you currently employed?  Yes  No

8. Briefly describe previous related experience(s) to this volunteer position:

9. Have you ever been inside a nursing home?  Yes  No  Unsure

Have you ever been inside a residential care facility?  Yes  No  Unsure

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

10. 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

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

12. Are you related directly or by marriage to anyone who owns or is employed by any of the above-named types of long-term care facilities?  Yes  No

13. Do you presently work as a volunteer in any of the above-named types of long-term care facilities?  Yes  No

14. Is there any other consideration that might constitute a potential conflict of interest for you as an Ombudsman?

15. Please check below the education you have received:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> High School    | <input type="checkbox"/> Technical Training |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College Degree | <input type="checkbox"/> Graduate Degree    |
| <input type="checkbox"/> Other:       |   |   |

16. Please check below all the special skills or interest that you have:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Computer skills      | <input type="checkbox"/> Office skills  | <input type="checkbox"/> Public Speaking     |
| <input type="checkbox"/> Mediation            | <input type="checkbox"/> Counseling     | <input type="checkbox"/> Teaching            |
| <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Legal Training | <input type="checkbox"/> Interviewing Skills |
| <input type="checkbox"/> Medical Training     | <input type="checkbox"/> Sign Language  | <input type="checkbox"/> Fundraising         |
| <input type="checkbox"/> Foreign Language(s): |   |  |
| <input type="checkbox"/> Other (not listed):  |   |  |

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

18. What question(s)/concern(s) do you have about the volunteer position?

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

20. Please supply any other information you that feel / think might be valuable:

21. As this volunteer position regularly requires working with vulnerable adults, we will need to do a criminal background check. Do you grant permission for this to be done?  Yes  No

22. To become a Certified Ombudsman, training is required by the Office of the State Long-Term Care Ombudsman and the California Department of Aging. Please check the **one** box below that represents your preference for the training course:

Training course of 12, 3-hour sessions – 1 day per week,  
and held in the:  Morning  Afternoon

Training course of 12, 3-hour sessions – 2 days per week,  
and held in the:  Morning  Afternoon

23. Please write in any comments you have with regard to the training days, or times of training:

24. Do you have any other comments you would like us to be aware of?

**25.** Please list **two** references we may contact. These should not be relatives but rather, teachers, employers, or other community members:

<b>Name #1:</b>	<b>Relationship to you:</b>
<b>Address:</b>	
How does this person know you?	
<b>Name #2:</b>	<b>Relationship to you:</b>
<b>Address:</b>	
How does this person know you?	

<b>Volunteer Acknowledgments</b>	
<ul style="list-style-type: none"> <li>• I have read the Ombudsman job description and understand the commitment.</li> <li>• I submit that all information preceding this statement is accurate to the best of my knowledge.</li> <li>• I hereby authorize the Ombudsman Program to make whatever inquiries are necessary to verify any of the above facts.</li> </ul>	
<b>Date:</b>	<b>Signature:</b>