



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

PLEASE PRINT ALL INFORMATION CLEARLY

Name			
Mailing Address			
City	County	State	Zip
Home Telephone (Area Code + Number)	Mobile Telephone (Area Code + Number)	Work Telephone (Area Code + Number)	
Valid Drivers License? <input type="checkbox"/> No <input type="checkbox"/> Yes	State	Email Address:	

How did you first learn about volunteering with the RLTCO Program?

- Newspaper    Radio    RLTCOP Staff    RLTCOP Volunteer    Poster    Brochure    Flyer  
 Other: \_\_\_\_\_

Briefly explain why you are interested in becoming a Volunteer Ombudsman:

Describe your feelings about nursing homes and long-term care for elderly persons?

List any other volunteering experiences you have had. Please identify the organization, your level of participation, and the length of time of your involvement:

Do you now have, or have you ever had, a friend or relative in a nursing home?

No  Yes If yes, which home/s?

Do you now have, or have you ever had, any financial interest in a nursing home?

No  Yes If yes, which home/s?

Do you currently work, or have you had work experience, in a long-term care facility, hospital, other institution, or have experience caring for elderly people?  No  Yes If yes, please explain:

What are your feelings about nursing homes and long-term care for elderly persons?

Have you ever been convicted of a crime of violence or trust?

No  Yes If yes, please explain:

Ombudsman Volunteers are actively involved in interacting with vulnerable adults; consequently, a criminal background check is required as part of the certification process.

Do you grant us permission to perform a criminal background check?  No  Yes

**EDUCATION**

Indicate Highest Academic Level Attained:

High School Diploma  
  Some College  
  Associate Degree  
  Bachelors Degree  
  Masters Degree  
  Doctorate

High School Name and Location

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College/University Name, Location and Degree Attained

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College/University Name, Location and Degree Attained

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College/University Name, Location and Degree Attained

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Please describe any other relevant educational/vocational/avocational achievements you have that you believe will assist you as an Ombudsman Volunteer:

Are you currently employed?  No  Yes If yes, how many hours a week do you work? \_\_\_\_\_

How many hours per week are you available to volunteer with the Ombudsman Program? \_\_\_\_\_

What time of the day, and on what days, are you available to volunteer?

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

Please indicate the counties in which you are interested in working?

Adams  
  Brown  
  Gallia  
  Highland  
  Jackson  
  Lawrence  
  Pike  
  Ross  
  Scioto  
  Vinton

Please identify any nursing homes you would be interested in visiting as a Volunteer Ombudsman:

Name
Name
Name

**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	Telephone (Area Code + Number)
How does this person know you?			

**Reference Two**

Name			
Mailing Address			
City	State	Zip	Telephone (Area Code + Number)
How does this person know you?			

**Emergency Contact**

Please provide the name and contact information of a person we should notify in the event of an emergency.

Name	Relationship to you		
Mailing Address			
City	State	Zip	Telephone (Area Code + Number)

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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