



Regional Long Term Care Ombudsman Program
Area Agency on Aging District 7, Inc
8050 Ohio River Road
Wheelersburg, Ohio 45694
1-800-582-7277 Option 4



**Long-Term Care
Ombudsman**

Advocates for Excellence in Your Care

REGIONAL LONG-TERM CARE OMBUDSMAN PROGRAM VOLUNTEER OMBUDSMAN ASSOCIATE APPLICATION

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

PERSONAL PREFERENCES

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

Reference One:

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

Reference Two

Name			
Mailing Address			
City	State	Zip	Telephone
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:_____