

Hudson Valley

LONG TERM CARE OMBUDSMAN PROGRAM VOLUNTEER APPLICATION

Please Print

LAST NAME: _____ FIRST NAME: _____ DOB: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY _____

ZIP CODE : _____ EMAIL: _____

TELEPHONE NO: _____ CELL PHONE NO.: _____

1. Are you 21 years of age or older? _____ 2. Do you have transportation? _____

2. Briefly describe your employment/life experience: _____

3. Foreign language(s) spoken? _____

4. Have you ever been a volunteer? _____ If yes, please describe: _____

5. Have you any experience with long term care, the elderly or mental health clients? _____

If yes, please describe: _____

6. Do you or a family member have a personal/financial interest in any long term care facility? _____ If yes, please describe: _____

7. Is a member of your family in a long-term care facility at this time? _____

If yes, where is the facility: _____

8. Can you commit 36 hours for the initial Certification Training? _____

9. Can you commit 4 hours per week to the Ombudsman Program? _____

10. Can you commit to attend on-going training for 1-2 hours four times per year? _____

11. Can you commit to submitting a monthly activity log provided by Hands On? _____

12. How did you learn about the Ombudsman program? _____

13. List some of the reasons why you wish to become a NYS Certified Ombudsman; _____

14. Briefly describe what you hope to gain from this volunteer experience: _____

15. Do you have any health related issues that you feel we should be aware of? _____

If yes, please briefly describe: _____

Please provide information for two (2) non-relative references that we may contact to discuss your participation in the Long Term Care Ombudsman Program.

1. Name: _____

Nature of Relationship: _____

Phone: _____ Email: _____

2. Name: _____

Nature of Relationship: _____

Phone: _____ Email: _____

Signature

Date

Please return completed form to: Hudson Valley Long Term Care Ombudsman Program
7 Pine Woods Rd. Suite 3C
Hyde Park, NY 12538 OR Fax: (845) 229-4684

THANK YOU FOR YOUR INTEREST – IF YOU HAVE ANY QUESTIONS PLEASE CONTACT
Gloria Murray, Program Director @ 845-229-4680 Extension 102