

OMBUDSMAN VOLUNTEER APPLICATION

(This form is provided as a service by the Texas Department on Aging. The Area Agency on Aging Ombudsman Program receiving this application may require additional information. Some may require a background investigation check prior to acceptance into the volunteer ombudsman training program. This form should be sent to the Area Agency on Aging serving your address.)

DATE _____

NAME _____ DOB (optional) _____

Other Names Used (Maiden Name, Nicknames) _____

Complete Address: _____

Telephone: (Home) _____ (Work/Other) _____

E-mail Address: _____

Social Security #: (optional) _____ Drivers License #: (optional) _____

Employment Status: Full Time _____ Part Time _____ Retired _____ Student _____

Emergency Contact: Name: _____ Phone: _____

Do you speak any other languages? If yes, which language(s) _____

Describe your experiences ~~~~

working with the elderly: _____

with nursing or assisted living facilities, e.g., ever worked in a facility, placed a relative in a facility: _____

as a volunteer: _____

What hobbies, interest, and organizations are you involved in? _____

Are you currently employed by or assist in the operation of a long-term care facility? _____

If yes, explain: _____

Do you have a family member employed by or connected with a business interest in a long-term care facility? If yes, please explain. _____

Have you ever been convicted or pled guilty to a misdemeanor or felony? _____

If yes, (please explain) _____

AVAILABILITY: At least 2 hours each week at various times during the week? Other? _____

REFERENCES: Please give the name, address, telephone number of at least two references whom we may contact:

Personal: Name: _____ Relationship: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Professional / Work: Name: _____ Relationship: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

How did you learn about the Ombudsman Program? _____

Why do you want to be an ombudsman? _____

Additional Comments: _____

Signature of Applicant

Date