

Georgia Long-Term Care Ombudsman Program

Volunteer Application

The regional Long-Term Care Ombudsman Program may require additional information. A criminal history check will be required before acceptance into the ombudsman training program

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Interest in Long-Term Care Ombudsman Program

1. How did you learn about the Ombudsman Program?

Internet

Newspaper

Advertisement

Word of Mouth

Church

Relatives/Friend/Friends

Work

Pamphlets

If other, please specify _____

2. Why are you interested in becoming an Ombudsman?

3. What experiences have you had working with older adults or people with disabilities?

Availability

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Applicant Information

1. Do you speak any languages other than English? Please list language(s):

2. Please tell us about recent paid and volunteer work experiences that would enhance your ability to serve as a Long-Term care Ombudsman volunteer.

If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the volunteer position.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

Describe highlights of past relevant experience below.

3. Please describe any skills or experience that would enable you to perform the duties of a volunteer for the Long-Term Care Ombudsman Program.

4. Are you licensed and able to drive an automobile? _____ Yes _____ No

If you will be driving to and from events or to conduct outreach activities, you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

5. Certain conflicts between personal interests and the interests of the Long-Term Care Ombudsman Program may exist, and will determine how a person may serve as a volunteer in certain capacities.

Criminal Record Check

Note: To ensure the safety of our facility residents, volunteers, and the communities we serve, applicants will be asked to consent to a criminal record check and complete a separate form to authorize one.

References

Please provide two references, including at least one professional or work reference, that are not related to you and whom we may contact to ask about your qualifications. (If the reference is a supervisor or co-worker, please note the organization for which she or he works).

- A. Name (first, last): _____
Phone number: () _____ - _____ How long known? _____
Relationship: _____
- B. Name (first, last): _____
Phone number: () _____ - _____ How long known? _____
Relationship: _____

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the Georgia Department of Human Services Long-Term Care Ombudsman Program to contact the references named below with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application and release such persons from any liability in regard to it.

Signature: _____ Date: _____

Submit

