



# Volunteer Application

To Enter LTC Ombudsman Certification Training



**ombudsman**  
LONG - TERM CARE  
SAN FRANCISCO

## PERSONAL INFORMATION

Full Name :  Email Address :

Address :

Phone (daytime) :  Phone (evening) :

Date of Birth (year optional) :   /   /    
M M / D D / Y Y

Driver's License? : Yes  No

Access to a car? : Yes  No

## EMERGENCY CONTACTS

Full Name :  Phone Number :

Full Name :  Phone Number :

## EDUCATION *Check all degrees/diplomas you have obtained*

High School diploma  Associates degree  Bachelors in

Masters in   Doctorate in

## EMPLOYMENT / EXPERIENCE

Are you currently employed?  Full-Time  Part-Time  Retired  Self-Employed

Full-Time Student  Part-Time Student  Other :

Primary Occupation(s) :

Other Volunteer Experience :

## VOLUNTEER REQUIREMENTS

Can you commit to volunteering for at least one year? Yes  No

Are you able to commit to at least 5 hours a week?  
*Includes travel to your designated facility, facility visit and paperwork.* Yes  No

Are you willing to complete the required written reports? Yes  No

## LONG-TERM CARE EXPERIENCE

What experiences have you or your family had with long-term care settings?

Have you worked in a long-term care setting? *If yes, please elaborate :*

## BACKGROUND INFORMATION

Outside of English, what language(s) do you speak? *Please note fluency.*

Do you have special skills/interests that would enhance your work with residents?

How did you learn about the volunteer opportunity with the Ombudsman Program?

Why do you want to be an Ombudsman?

Please add anything else you would like us to know about you :

## AVAILABILITY

	MON.	TUES.	WED.	THURS.	FRI.
Mornings					
Afternoons					

## CONTRACT

*The Ombudsman Program retains the right to approve certification and to de-certify Ombudsman at any time after training is over. Completion of training does not guarantee certification.*

- ★ I am able to volunteer at least 5 hours per week.
- ★ I understand that I must attend 36 hours of initial training.
- ★ I am willing to work under supervision.
- ★ I am willing to do the required paperwork in the required time frame.
- ★ I will observe the regulations regarding confidentiality.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Please email this completed form to: [ombudsman@felton.org](mailto:ombudsman@felton.org)

**THANK YOU FOR APPLYING**