



MARIN COUNTY LONG-TERM CARE OMBUDSMAN VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Work Experience – attach resume if you wish

Dates: From: _____ To: _____ Employer: _____

Job Title: _____ Type of Business: _____

Job Duties: _____

Dates: From: _____ To: _____ Employer: _____

Job Title: _____ Type of Business: _____

Job Duties: _____

Education and Certification

| Name of School | Major Areas of Study | Diploma/Degree Earned |
|----------------|----------------------|-----------------------|
| | | |
| | | |
| | | |

Volunteer Experience

Dates: From: _____ To: _____ Organization: _____

Volunteer Title: _____ Type of Business: _____

Volunteer Duties: _____

Special skills, interests and hobbies, language fluency

References (Please list two personal or professional references.)

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |
| | | |

Have you spent time (as a visitor, employee, volunteer or any other role) in nursing facilities, residential care facilities or assisted living facilities?

| Facility Name | Dates | Your Role |
|---------------|-------|-----------|
| | | |
| | | |
| | | |

Describe your experiences in the facility:

Tell us a little about yourself, including why you want to become a volunteer:

Conflict of Interest:

Individuals being considered for Ombudsman certification and their immediate families shall have no unremedied conflict of interest. (An individual's immediate family is defined as a member of the household or a relative with whom there is a close personal or significant financial relationship.)

Do **you** or an **immediate family member** have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service? Yes _____ No _____

Do **you** or an **immediate family member** have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or long-term care service? Yes _____ No _____

Are **you** or an **immediate family member** employed by or participate in the management of a long-term care facility? Yes _____ No _____ (Applicants should not become certified Ombudsman representatives if they worked in a long-term care facility less than a year prior to application for certification.

Do **you** or an **immediate family member** receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility? Yes _____ No _____

Additional Information:

Are you able to devote at least 10 hours a month to the program? Yes _____ No _____

Are you willing to make a minimum one-year commitment to the program? Yes _____ No _____

What days/hours are you available? _____

Do you grant permission for a criminal background/fingerprint check? Yes _____ No _____

Do you have a vehicle to use to make facility visits? Yes _____ No _____

Are you able to use your phone and email to communicate with the office? Yes _____ No _____

By signing and submitting this application I attest that the information provided is true, accurate and complete to the best of my knowledge. I have reviewed the Volunteer Role Description, and I am willing and able to fulfill the cited responsibilities. I authorize the Ombudsman Program to make appropriate inquiries as necessary.

Signature: _____ Date: _____

Please submit application by mail to: Marin County Long-Term Care Ombudsman Program, 10 North San Pedro Road, Suite 1024A, San Rafael, CA 94903 or by email: ombudsman@marincounty.org

| | |
|--------------------------------|-----------------|
| For screening use only: | |
| Date Application Received: | Interview Date: |
| References Checked: | |
| Comments: | |
| Recommendation: | Signature: |