



Volunteer Application

Date: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Date of Birth: _____

Education/Life Experience:

Employment Experience:

Volunteer Experience:

Club or Organization Affiliation(s):

Hobbies and Special Interests:

Have you ever had any experience working with nursing homes/adult homes, or working with the elderly? Yes ___ No ___ If yes, briefly describe:

Do you, or a family member, work in or own a long-term care facility? Yes__ No__

If yes, briefly explain:

Why do you want to be a Long-Term Care Ombudsman?

What qualities or skills do you have that would assist you in Ombudsman responsibilities?

Is a member of your family in a long-term care facility at the present time? Yes__ No__

If yes, where: _____

Can you spend 36 hours in an initial training program? Yes__ No__

Would you be available once a month (third Friday of every month at 10am) for additional training and group meeting? Yes__ No__

How did you learn about this volunteer program?

Do you have access to transportation? Yes_____ No_____

*(Please note that **Action for Older Persons, Inc.** requires proof of a valid driver's license and personal automobile insurance from volunteers who drive their own vehicles to/from program activities.)*

References – Please list two non-relatives that we may contact.

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

Signature

Date

If you have any questions, please feel free to contact

Action for Older Persons, Inc. at **607-722-1251**

Please return this application to:

Long-Term Care Ombudsman Program,

c/o Action for Older Persons, Inc., 200 Plaza Drive, Vestal, NY 13850