



# Volunteer Application

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Education/Life Experience:

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Employment Experience:

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Volunteer Experience:

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Club or Organization Affiliation(s):

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Hobbies and Special Interests:

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

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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., 609 E. Main Street, Suite 11,**

**Endicott, NY 13850**