



## LONG TERM CARE OMBUDSMAN APPLICATION

(PLEASE PRINT)

\_\_\_\_\_  
Name (Last) (First)

\_\_\_\_\_  
Address (Street) (City, State) (Zip Code)

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Educational Background: \_\_\_\_\_

Previous Employment Experience: (Describe) \_\_\_\_\_

Previous Volunteer Experience: (Dates, Organizations, Describe) \_\_\_\_\_

Most enjoyable volunteer experience: \_\_\_\_\_

Special skills, interest, leisure activities: \_\_\_\_\_

Foreign Languages Spoken? \_\_\_\_\_

Have you ever had any experience with nursing home/adult homes or working with the elderly? Yes \_\_\_ No \_\_\_  
Describe briefly:

Do you or a family member work in or own a long term care facility? \_\_\_\_\_

If yes, briefly explain: \_\_\_\_\_

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

If yes, where? \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, briefly explain \_\_\_\_\_

Write a brief statement of why you want to be a Long Term Care Ombudsman:

Can you spend 2 - 4 hours a week as a volunteer ombudsman in a facility? \_\_\_\_\_

Can you spend 50+ hours in an initial training program (Days)? \_\_\_\_\_

Are you available to attend monthly group meetings/ in-services? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Do you have means of transportation? \_\_\_\_\_

How did you learn about the Ombudsman Program? \_\_\_\_\_

References (at least two ;)  
(Non-relative)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) (City, State, Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) (City, State, Zip)

\_\_\_\_\_  
(Phone)

THANK YOU FOR YOUR INTEREST

Signature

Date

PLEASE RETURN TO:

NRCIL: Ombudsman Program  
210 Court Street, Suite 107  
Watertown, NY 13601  
Phone: 315-785-8703 ext. 228  
Fax: 315-785-8612  
[amandas@nrcil.net](mailto:amandas@nrcil.net)