



VOLUNTEER OMBUDSMAN APPLICATION

Please Print Clearly

Basic Information:

Last Name _____ First _____

Prefer to be called: _____ Birth Date __/__/__

Street Address _____

City, State, Zip _____

Best Number to reach you: Home or Cell _____ Best Time _____

E-Mail _____

Driver's license # _____ Expiration Date _____ Auto Insurance _____ Expiration Date _____

Do you have reliable transportation? Yes No

Emergency Contact:

Name _____ Address _____

Phone _____ Cell Phone _____ Relationship _____

How Did You Hear About Us? _____

Previous Volunteer Experience:

Organization Name:

Service Experience:

Organization Name:

Service Experience:

Work Experience: *NOT eligible to participate if you have been employed by a long-term care facility within the past year.*

Company/Job Title:

Description:

Education:

Major/Concentration:

Other Training/Experience: _____

Do you use a computer? Yes No Can you use email and voicemail? Yes No

Microsoft Office Yes No Your level of skill: Advanced Intermediate Basic None

Please list your hobbies, activities:

Any other special training or skills: _____

Languages spoken: _____ Languages Understood: _____

Have you or any of your immediate family worked in the long-term care industry within the past year?

Yes No

Do you intend on working in the industry in the near future?

Yes No

Do you currently have a family member in a long-term care facility?

Yes No

If yes, please list the facility: _____

Please answer the following questions:

Why do you want to be a Volunteer Ombudsman?

What aspect of the advocacy role appeals to you most?

What aspect will be the most challenging for you?

Are you comfortable dealing with the elderly, disabled and dependent adults? Have you had any experience working with them?

Please answer the following questions:

Have you been convicted of a felony or misdemeanors within the past ten years which resulted in imprisonment? Yes No

(If Yes, please explain in full on a separate sheet of paper. The information regarding a conviction will not necessarily disqualify you from becoming an Ombudsman.)

Do you have a physical condition or handicap that may limit your ability to be an Ombudsman? Yes _____ No _____ If Yes, what can be done to accommodate your limitation?

I understand the following are required to volunteer:

- **A minimum of 15 hours per month. (Includes meetings, continuing education, facility visits, & paperwork).** Yes No
- **12 hours of continuing education over a period of one year** Yes No
- **A minimum 1 year commitment to the program** Yes No

I understand I am not eligible to participate if I have been employed by a long-term care facility within the past year.

Yes No

I understand that Microsoft Office (Word and Excel) are used to complete the required paperwork.

Yes No

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand I am applying for an unpaid volunteer position and COA-OC reserves the right to grant or decline my request to be in compliance with their eligibility criteria.

Applicant Signature

Date

Our Policy

It is the policy of this organization to provide equal volunteer opportunities without regard to race, ethnicity, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with Council on Aging-Southern California

For more information please contact:

Aleida Zendejas, Volunteer Recruitment Coordinator

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Council on Aging – Orange County

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