



Ombudsman Volunteer Application

Contact Information			
Name:		Date:	
Street address:		Date of birth:	
City, ST Zip		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home phone:		Cell phone:	
Work phone:		E-Mail address:	

Additional Information			
Do you drive?		DL #:	
Liability amount:		Collision amount:	
Are you bilingual?		Which languages do you speak?	

Employment		
Are you currently employed?	Yes	No
If yes, current employer:	<input type="checkbox"/>	<input type="checkbox"/>
Present work experience		
Past work experience: (Please provide positions held)		

Education	
Institution name:	Degrees earned?
1.	
2.	

Volunteer Experience

References: Personal and/or Professional

Name	Address	Phone #	Relationship
1.			
2.			
3.			

Tell us

Why are you interested in becoming an Ombudsman?

PLEASE ANSWER THE FOLLOWING WITH “YES” OR “NO”

Are you a provider of any services monitored by the California Long Term Care Ombudsman Program (i.e., do you own or are you employed by a Skilled Nursing Facility, a Residential Care Facility, an Intermediate Care Facility, or an Adult Health Care Facility)?

Are you related directly or by marriage to anyone who owns or is employed by any of the above-named types of long term care facilities?

Do you have a friend or family member who currently is living in a long term care facility?

Do you presently work as a volunteer in any of the above named types of long term care facilities?

Do you feel that there is any other consideration which might constitute a potential conflict of interest for you as an Ombudsman?

Are you available to drive anywhere in Santa Cruz and/or San Benito Counties?

What days/times are you available to volunteer? Please check all that apply:
 Weekdays Weekends Daytime Evenings

Agreement and Signature

I consent to be fingerprinted in order for a criminal background check through the Department of Justice to be conducted. I understand that volunteer eligibility is contingent on receipt of a cleared background report, and that all information is confidential.

Name (printed)

Signature

Date

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