

**ARKANSAS STATE LONG-TERM CARE OMBUDSMAN
VOLUNTEER VISITORS PROGRAM
APPLICATION**

Name: _____ Date: _____

Address _____

City _____ Zip Code _____

Home Ph: _____ Work Ph: _____ Fax: _____

E-mail Address _____ Birthday: Month ____ Date ____

1. Why do you want to become an Ombudsman Volunteer Visitor?

2. How did you first learn about volunteering with the Ombudsman Program?

___ newspaper ___ radio ___ friend ___ church ___ other

3. How many hours a month/week are you available to volunteer with the Ombudsman Program? _____

4. What time of the day and which days do you prefer to volunteer?

5. Are you presently employed? ___ Yes ___ No

If yes, how many hours a week do you work? _____

6. Which nursing home/s are you willing to visit? Have you selected a nursing home to visit?

7. Have you ever been inside a nursing home? ___ Yes ___ No

If yes, please describe your experience in the nursing home

8. Have you ever been inside a residential care facility? _____ Yes _____ No

If yes, please describe your experience:

9. Do you have relatives or friends closely connected with a nursing home or residential care facility? _____ Yes _____ No

If yes, please explain possible relations/conflicts.

9A. Have you ever been employed by a nursing home? How long did you work there? _____

What were your job duties? _____

Why did you leave? _____

10. Are you willing and able to make a one year commitment to volunteer with the Ombudsman Program? _____ Yes _____ No _____ Don't Know

11. What questions/concerns do you have about the volunteer position?

12. List any previous volunteer experience that you have had. Please include the organization, your involvement and the length of time you volunteered:

13. Please list two references that we may contact. These should not be relatives but could be teachers, employers or other community members.

Name	Relationship to You
Address	Phone No.
How does this person know you?	

Name	Relationship to You
Address	Phone No.
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Volunteer Assurances

As a volunteer Ombudsman, I understand that the program requires a commitment to the ideals of the program that have been explained to me and I provide assurances that I will comply with these ideals as stated below:

I am at least 18 years old _____ Yes _____ No

I have reliable transportation, license and auto insurance _____ Yes _____ No

I agree to be impartial _____ Yes _____ No

I agree to be tactful, diplomatic and non-judgmental _____ Yes _____ No

I will be reliable and conscientious _____ Yes _____ No

I agree to be respectful of residents' preferences and cultural views _____ Yes _____ No

I am able to read and write and communicate in English _____ Yes _____ No

I will listen objectively without inserting my personal values when visiting residents _____ Yes _____ No

I have no family or friends residing in the facility that I will volunteer in _____ Yes _____ No

I agree to participate in a criminal background check _____ Yes _____ No

I understand that the work I do is confidential. I will not share any information about complaints, records, facilities, residents, or staff with anyone outside the Ombudsman program _____ Yes _____ No

I agree not to express an opinion about the quality of specific long-term care facilities to the public, family or friends _____ Yes _____ No

I agree to complete the paperwork in a timely manner as identified by my supervisor _____ Yes _____ No

I do not have financial, personal or professional conflict of interest with long-term care facilities _____ Yes _____ No

Name

Date