

**HAWAII STATE LONG-TERM CARE OMBUDSMAN
VOLUNTEER PROGRAM
APPLICATION**

Name: _____ Date: _____

Address _____

City _____ Zip Code _____

Home Ph: _____ Work Ph: _____ Fax: _____

E-mail Address _____ Birthday: Month ____ Day ____ Year ____

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

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

____ newspaper ____ brochure ____ friend ____ church ____ other

3. This program requires visiting a ltc facility 2-4 hours per week. Can you meet that requirement? ____ Yes ____ No

4. What time of the day and which days do you prefer training (weekend or weekday), (mornings or evenings)?

5. Are you presently employed? ____ Yes ____ No

If yes, Where are you employed? _____

How many hours a week do you work? _____ May we use your employer as a reference? (please include name and contact #) _____

6. Have you ever been inside a nursing home, residential care home or assisted living facility? ____ Yes ____ No

If yes, please describe your experience:

7. Do you have relatives or friends closely connected with a nursing facility, residential care home or assisted living facility? Yes No

If yes, please explain possible relations/conflicts.

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

What were your job duties? _____

Why did you leave? _____

9. Are you willing and able to make a one year commitment to volunteer with the Ombudsman Program? Yes No

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

11. This volunteer position require working with vulnerable adults. We require a criminal background check on all volunteers.

Please provide your social security number: _____
(THIS INFORMATION WILL BE KEPT CONFIDENTIAL)

CONFIDENTIAL

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
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Address	Phone No.
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How does this person know you? _____

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

In the event that you become a certified volunteer representative we will need to know who we should notify in the event of an emergency:

Name: _____

Relation to you: _____

Address: _____

Phone Number: _____

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 21 years old Yes No
- I have reliable transportation 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