

Long Term Care OMBUDSMAN

Long Term Care Ombudsman
2800 Euclid Avenue, Suite 200 Cleveland, Ohio 44115
800-365-3112 216-696-2719 www.ltco.org

VOLUNTEER APPLICATION

Date: _____

Last name: _____ First: _____ M.I. _____

Address: _____

City: _____ Zip: _____

Home County: Cuyahoga _____ Geauga _____ Lake _____ Lorain _____ Medina _____

Home phone: _____ - _____ - _____ Work phone: _____ - _____ - _____

Cell phone: _____ - _____ - _____ E-mail: _____

Birthdate: _____

Employer name: _____

Address: _____

City: _____ Zip: _____

Occupation/Position: _____

Highest level of education: _____ Field of study: _____

Do you have a current, valid Ohio driver's license? Yes _____ No _____
(Not required for positions that do not require driving.)

Do you have automobile insurance? Yes _____ No _____
(Not required for positions that do not require driving.)

Person to contact in case of emergency:

Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Have you volunteered in the past or are you currently volunteering with another agency?

____ Yes ____ No If yes, please explain: _____

How did you learn about the Long Term Care Ombudsman? _____

Please list your related experiences, skills, and interests, include activities in which you acted in an advocacy role, experience working with the elderly, special skills e.g. foreign languages, etc.

Why do you want to volunteer for the Long Term Care Ombudsman?

Do you prefer to volunteer at a specific long term care facility? Yes _____ No _____

If yes, please specify: _____

Would you like to visit residents in long term care facilities and/or assist in the LTCO office?

Visit residents: _____ Assist in office: _____ Both: _____

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All volunteers are required to attend training sessions and obtain certification to volunteer for LTCO.

Which are the best days of the week for you to attend training? (Circle all that are convenient.)

Monday Tuesday Wednesday Thursday Friday Saturday

Which are the best times of day for you to attend training? (Circle all that apply.)

Morning Afternoon Evening All Day

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Signature: _____ Date: _____

Important!

Please make certain that you complete the Conflict of Interest Screen and attach it to this application before returning it to the LTCO office.