State Long-Term Care Ombudsman Program

Staff and Volunteer Application to Enter Certification Training

June 2021-E



This form is provided as a service by the Texas Health and Human Services. The local Ombudsman Program may require additional information. A criminal history check will be required before acceptance into the ombudsman training program. Send this form to the local Ombudsman Program serving your address.

|  |  |  |
| --- | --- | --- |
| Name:Click or tap here to enter text. | Other Names Used (Maiden Name, Nicknames):Click or tap here to enter text. | Date:Click or tap to select |
| Address:Click or tap here to enter text. | City:Click or tap here to enter text. | ZIP Code:Click or tap here to enter text. | Home Area Code and Phone No.:Click or tap here to enter text. |
| Email Address:Click or tap here to enter text. | Work/Other Area Code and Phone No.:Click or tap here to enter text. |
| Employment Status:[ ]  Full-Time [ ]  Part-Time [ ]  Retired [ ]  Student [ ]  Other | Emergency Contact Name:Click or tap here to enter text. | Area Code and Phone No.:Click or tap here to enter text. |
| Do you speak any languages other than English? [ ]  Yes [ ]  No | If yes, which language(s):Click or tap here to enter text. |
| Describe your experiences: working with elderly:Click or tap here to enter text.  with nursing or assisted living facilities, e.g., ever worked in a facility, placed a relative in a facility:Click or tap here to enter text.as a volunteer:Click or tap here to enter text. |
| What hobbies, interests, and organizations are you involved in?Click or tap here to enter text. |
| Are you currently employed by or help in the operation of a long-term care facility? [ ]  Yes [ ]  No If yes, explain:Click or tap here to enter text. |
| Do you have a family member employed by or connected with a business interest in a long-term care facility? [ ]  Yes [ ]  No If yes, explain:Click or tap here to enter text. |
| Do you have a relative currently residing in a long-term care facility?Click or tap here to enter text. | [ ] Yes | [ ] No | If yes, explain:  |  |  |
| Have you ever been convicted or pled guilty to a misdemeanor or felony? [ ]  Yes [ ]  NoIf yes, explain (a criminal history check will be conducted before accepting anyone into the Ombudsman Program):Click or tap here to enter text. |
|  |

Page 2 / 06-2021-E

|  |
| --- |
| **For Volunteers Only – Availability** |
| Will you be available approximately one hour per week at various times during the week? [ ]  Yes [ ]  No Other? Click or tap here to enter text.Please explain your availability:Click or tap here to enter text. |
| How did you learn about the volunteer opportunity with the Ombudsman Program?Click or tap here to enter text.[ ]  A friend or an ombudsman [ ]  Newspaper article or advertisement [ ]  Presentation to an organization or club[ ]  Radio or television [ ]  Saw a flyer or poster [ ]  Social media (Facebook, Twitter, Instagram) [ ]  Other:  |
| Why do you want to be an ombudsman?Click or tap here to enter text. |
| Additional Comments:Click or tap here to enter text. |

**References**

Please provide the name, address, and phone number of at least three references whom we may contact:

|  |  |  |
| --- | --- | --- |
| Name:Click or tap here to enter text. | Relationship:Click or tap here to enter text. | Home Area Code and Phone No.:Click or tap here to enter text. |
| Mailing or Email Address:Click or tap here to enter text. | City:Click or tap here to enter text. | State:Click or tap here to enter text. | ZIP Code:Click or tap here for zip | Work Area Code and Phone No.:Click or tap here to enter text. |
| Name:Click or tap here to enter text. | Relationship:Click or tap here to enter text. | Home Area Code and Phone No.:Click or tap here to enter text. |
| Mailing or Email Address:Click or tap here to enter text. | City:Click or tap here to enter text. | State:Click or tap here to enter text. | ZIP Code:Click or tap here for zip | Work Area Code and Phone No.:Click or tap here to enter text. |
| Name:Click or tap here to enter text. | Relationship:Click or tap here to enter text. | Home Area Code and Phone No.:Click or tap here to enter text. |
| Mailing or Email Address:Click or tap here to enter text. | City:Click or tap here to enter text. | State:Click or tap here to enter text. | ZIP Code:Click or tap here for zip | Work Area Code and Phone No.:Click or tap here to enter text. |

Click or tap to enter a date.

**Signature — Applicant Date**