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.

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| 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  No  If yes, explain (a criminal history check will be conducted before accepting anyone into the Ombudsman Program):  Click or tap here to enter text. | | | | | | | |
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| **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**