



**VOLUNTEER Ombudsman Representative (VOR) Application**  
State of Tennessee

(Check one) Mr.  Mrs.  Ms. .

<b>Name:</b>	<b>Phone:</b>	<b>Bus:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-Mail:</b>	<b>Fax:</b>	<b>Cell Phone:</b>	
<b>Social Security Number:</b>	<b>DOB:</b>	<b>Nick Name:</b>	

**EXPERIENCE**

Are you currently employed? Yes  Full-time  Part-time  No

If yes, where are you employed? \_\_\_\_\_

What is your title? \_\_\_\_\_

What past work experience do you have? \_\_\_\_\_

Have you ever been a volunteer? Yes  No

If yes, in what capacity and organization(s)? \_\_\_\_\_

**TRANSPORTATION**

Do you drive? Yes  TDL #: \_\_\_\_\_ No

Do you have auto insurance? Yes  No

Do you have a car at your disposal? Yes  No  Sometimes

**INTERESTS/MOTIVATION**

How did you hear about the Ombudsman Program?

Word of mouth  Newspaper  AARP  Poster  Other

Which of the following interests you? (check all that apply)

- Training to become a certified volunteer ombudsman assisting nursing home, assisted living, and/or home for the aged residents with questions, concerns and complaints and advocating on their behalf
- Clerical and office tasks
- Assisting with volunteer recruitment or recognition efforts
- Special one-time projects such as fundraising projects
- Advocacy toward changing public policy as it affects long-term care residents

Does visiting in a long-term care setting make you feel depressed? Yes  No

Do you feel that there are overwhelming problems in long-term care facilities? Yes  No

Have you or any family member had any experiences with a long-term care facility?

Yes  No

If yes, was the experience positive or negative? \_\_\_\_\_

Please describe the experience: \_\_\_\_\_

How would you describe your general health? Good  Fair  Poor

### **AVAILABILITY**

Will you be able to visit an assigned facility each week to perform Ombudsman duties?

Yes  No

Will you be able to submit a monthly written report to the Ombudsman office describing conditions and complaints at your facility? Yes  No

Are you available to attend an in-service meeting four times a year? Yes  No

### **REFERENCES**

Please list full addresses of two references we may contact:

(please print clearly, **no family please**)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

### **BACKGROUND**

Have you ever been arrested or convicted of a crime? Yes  No  If yes, please explain:

By signing and submitting this application, I agree that (1) I do not have a conflict of interest as defined by the Office of the Ombudsman (see attached form), (2) I am over the age of 18, (3) all the information in this form is true, accurate, and complete to the best of my knowledge, (4) I understand that withholding or giving false information will be sufficient cause for cancellation of my application and/or separation from the program's service and, (5) I have reviewed the job description and will be able to fulfill the responsibilities of the position, (6) I give the TN LTC Ombudsman program the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability TN LTC Ombudsman program and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_