

**ARKANSAS STATE LONG-TERM CARE OMBUDSMAN
VOLUNTEER VISITORS PROGRAM
APPLICATION**

Name:

Date:

Address

City

Zip Code

Home Ph:

Work Ph

Fax:

E-mail Address

Birthday Month

Date

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

2. How did you first learn about volunteering with the Ombudsman Program?
newspaper radio friend church other

3. How many hours a month/week are you available to volunteer with the Ombudsman Program?

4. What time of the day and which days do you prefer to volunteer?

5. Are you presently employed? Yes No
If yes, how many hours a week do you work?

6. Which nursing home/s are you willing to visit? Have you selected a nursing home to visit?

7. Have you ever been inside a nursing home? Yes No
If yes, please describe your experience in the nursing home

8. Have you ever been inside a residential care facility? Yes No
If yes, please describe your experience:

Reference 2

Name

Relationship to You

Address

Phone No.

How does this person know you?

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 18 years old	Yes	No
I have reliable transportation, license and auto insurance	Yes	No
I agree to be impartial	Yes	No
I agree to be tactful, diplomatic and nonjudgmental	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