



VOLUNTEER OMBUDSMAN PROGRAM APPLICATION

Region: _____ Date: _____

ALL INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL

Personal Information:

Name: _____ Street Address: _____

City, State, Zip: _____

Previous Address (if less than 5 years at current address): _____

City, State, Zip: _____

Telephone: Home: _____ Work: _____

E-Mail Address: _____ Date of Birth: ____/____/____ Education: _____

Occupation & Employer: _____

Days and Times You Are Available to Volunteer:

Days: _____ Times: _____

Volunteer Activities:

Volunteer Experience: _____

Are you willing to make a one year commitment as a volunteer? Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

Form of Transportation _____

Why are you interested in volunteering with the Ombudsman Program? _____

How did you learn about the Volunteer Ombudsman Program?

Newspaper: ____ LTCO Staff: ____ AARP: ____ Poster: ____ Brochure: ____ Other: _____

Special Skill, Training, Languages, etc. _____

Work History: (Resume or additional comments may be submitted in addition to application.)

Organization: _____ Position: _____

Supervisor: _____ Dates: _____

Organization: _____ Position: _____

Supervisor: _____ Dates: _____

I authorize the SC State Long Term Care Ombudsman Program to contact references that I have listed.

Applicant Signature: _____ Date: _____

