

VOP Volunteer Ombudsman Program

Vermont Ombudsman Project (VOP)
Vermont Legal Aid, Inc., 177 Western Ave., Suite 1
St. Johnsbury, VT 05819
802-748-8721 / Fax 802-748-4610 / Toll free 1-800-889-2047

Personal Information			
First	Last	Middle Initial	Date:
Name:			
Address:			Home Phone:
City/State/Zip:			Work Phone:
E-Mail Address:			

Skills and Interests
Education/Training:
Current Employment:
Past Employment:
Current Volunteer Experience:
Past Volunteer Experience:
Special Skills/Interests/Hobbies:

Why are you interested in becoming an Ombudsman Volunteer?

How did you hear about the Volunteer Ombudsman Program?

Conflict of Interest

a.) Are you employed by, volunteering for, or related to an employee of, any VT nursing home or residential care home, assisted living residence, private or not for profit home care agency, adult day center or Area Agency on Aging? No Yes (name): _____

b.) Are you related to a resident of any VT nursing home, residential care home or assisted living residence? No Yes (Facility name): _____

c.) Do you have a financial interest in, or business dealings or association with, a Vermont nursing home, residential care home, assisted living residence, private or not for profit home care agency or area agency on aging? No Yes (name): _____

d.) Do you serve on the Board of Directors of a VT nursing home, residential care home, assisted living residence, private or not for profit home care agency, adult day center or Area Agency on Aging? No Yes (name): _____

e.) Are you directly involved in the licensing, certification or designation of a Vermont nursing home, residential care home, assisted living residence or private or not for profit home care agency? No Yes (name): _____

Note: Other conflicts of interest may be identified during the application process. The SLTCO will review those conflicts. If a conflict cannot be resolved, it might prevent you from volunteering for the program.

References

Please provide names of two references (one personal, one professional; not related to you):

	Name:	
	Address:	City/State/Zip:
	E-address:	Phone:
2	Name:	
	Address:	City/State/Zip:
	E-address:	Phone:

The Vermont Ombudsman Project (VOP) and Vermont Legal Aid, Inc. (VLA), serve and protect vulnerable adults living in nursing homes, residential care homes and assisted living residences. We require complete background checks including a Vermont Abuse Registry check be done on applicants accepted into the program.

Have you ever been convicted of a crime? No Yes

Has an allegation of abuse, neglect or exploitation ever been substantiated against you? No Yes

If yes for either question, please explain:

Signature /s/ Date