

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 1-800-769-6728

1. Personal Data

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

2. Skills and Interests

<u>Education/Training:</u>

<u>Current Employment:</u>

<u>Past Employment:</u>

<u>Current Volunteer Experience:</u>

<u>Past Volunteer Experience:</u>

<u>Special Skills/Interests/Hobbies:</u>

3. Why are you interested in becoming an Ombudsman Volunteer?

4. How did you hear about the Volunteer Ombudsman Program ?

5. Conflict of Interest

a.) Are you employed by, volunteering for, or related to an employee 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):

b.) Are you related to a resident of any VT Nursing Home or Residential Care Home? No Yes (name):

c.) Do you have a financial interest in a VT Nursing Home or Residential Care Home, Assisted Living Residence, private home care agency or adult day center? No Yes (name):

d.) Do you serve on the Board of Directors of a 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):

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.

6. References

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

1 Name: _____

Address: _____ City/State/Zip: _____

E-address: _____ Phone: _____

2 Name: _____

Address: _____ City/State/Zip: _____

E-address: _____ Phone: _____

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 cpf 'rt qgev'xwpgt cdig'cf wnu'lxkpi 'kp'pwt ukpi 'j qo gu 'tgukf gp wcnlect g'j qo gu'cpf''
 Cuukngf 'Nkxpi 'Tgukf gpegu0Y g'tgs wkt g'Xgt o qpv'Cdwig'Tgi kat {'ej gemu'qp 'cni'
 " crrnecpu'ceegrvgf 'lpw'vj g'rtqi tco 0*

7. 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 _____
 Date _____