

# **Volunteer Ombudsman Program Application**

Vermont Long-Term Care Ombudsman Project

Vermont Legal Aid

Thank you for applying to our program. Please type your answers if possible.

**Please email your completed application to the Volunteer Ombudsman Coordinator: [volunteers@vtlegalaid.org](mailto:volunteers@vtlegalaid.org).**

Today's date:

## **1. Personal Contact Information**

Name:

Address:

Home Phone:

Work Phone:

Email Address:

## **2. Why are you interested in becoming a Volunteer Ombudsman?**

### **3. How did you hear about the Volunteer Ombudsman Program?**

### **4. Ombudsman Volunteer Training and Work Commitments**

- a) Are you willing and able to complete 20 hours of classroom and self-study and an additional 30 hours of training in facilities to become a certified volunteer ombudsman?
  
- b) Are you willing and able to commit to volunteering with our program for an average of 3-5 hours per week for at least a year?

### **5. Conflicts of Interest**

- a) Are you employed by, volunteering for, or related to an employee of a Vermont Nursing Home, Residential Care Home, Assisted Living Residence, private or not for profit home care agency, adult day center, or Area Agency on Aging? Yes or no?            If you answered yes, please provide details on this relationship:
  
  
  
  
  
  
  
  
  
  
- b) Are you related to a resident of any Vermont Nursing Home or Residential Care Home? Yes or no?            If you answered yes, please explain your relationship to the resident:
  
  
  
  
  
  
  
  
  
  
- c) Do you have a financial interest in a Vermont Nursing Home or Residential Care Home, Assisted Living Residence, private home care agency or adult day center? Yes or no?            If you answered yes, please explain:

(continued on next page)

- d) Do you serve on the Board of Directors of a Vermont 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? Yes or no?  
If you answered yes, please explain:

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

## **6. Vermont Abuse Registry**

The Vermont Ombudsman Project (VOP) serves and protects vulnerable adults. We require Vermont Abuse Registry checks on all applicants accepted into the program.

a) Have you ever been convicted of a crime? Yes or no?

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

If you answered yes for either question, please explain. (Feel free to attach additional pages if needed.)

(continued on next page)

## **7. References**

Please provide two references (one personal, one professional; not related to you).

### **Reference #1**

Name:

Address:

Email address:

Phone:

### **Reference #2**

Name:

Address:

Email address:

Phone:

## **8. Skills, Experience, and Interests**

Please provide information on your education, work history, volunteer experience, and any special skills, hobbies, or interests. You can write the information below, attaching extra pages as needed, or you can provide a resume.