1. Personal Data

<table>
<thead>
<tr>
<th>Name: First</th>
<th>Middle Initial</th>
<th>Last</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City/State/Zip:</td>
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<td>E-Mail Address:</td>
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<td>Home Phone:</td>
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<td>Work Phone:</td>
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2. Skills and Interests

Education/Training:

Current Employment:

Past Employment:

Current Volunteer Experience:

Past Volunteer Experience:

Special Skills/Interests/Hobbies:

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:

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 Vermont Abuse Registry checks on all applicants accepted into the program.

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