

Long-Term Care Ombudsman Volunteer Application

Last updated July 2006

Date ____/____/____

Name:	
Address:	Telephone:
County:	Gender: Male Female
Email Address:	Emergency contact:
Is your primary residence in FL? Yes No If no, what percentage of time do you spend in the state?	Do you have your own transportation? Yes No

VOLUNTEER EXPERIENCE*		
Organization	Title and Responsibilities	Dates

WORK EXPERIENCE*		
Company	Title and Responsibilities	Dates

POST-SECONDARY EDUCATION <i>(if applicable)</i>	
Institutions, City/State and Dates for Each	Certificate, Degree or Area of Study

* May attach additional pages, if necessary

QUALIFICATIONS

Please explain what skills, abilities and experience you would bring to this volunteer position.

Are you fluent in any languages other than English? If so, please describe.

CONFLICT OF INTEREST**

Is there any consideration that may present a conflict of interest for you (or a family member) as an ombudsman? If so, please describe.

AVAILABILITY

Which days and times are you available to volunteer?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time of Day							

BACKGROUND CHECK

Have you ever been arrested, charged or indicted for violation of any federal, state, county or municipal law, regulation or ordinance? If yes, give details.

As this volunteer position requires working with vulnerable adults, we need to conduct a background check. Please provide your social security number and date of birth in the spaces below.

Social Security Number - -

Date of Birth: / /

Please list the name, address, and phone number of three (3) people you have known at least five (5) years who are not family members.

Name	Address	Telephone

** Please see Long-Term Care Ombudsman Conflict of Interest, Chapter 58L-2, Florida Administrative Code.

Please submit this application to Florida's Long-Term Care Ombudsman Program, 4040 Esplanade Way, Tallahassee, FL 32399-7000. Call toll-free (888) 831-0404 with any questions.