

Long Term Care Ombudsman Program



Volunteer Ombudsman Application Form

Today's date: *



Month Day Year

Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email *

example@example.com

Please verify email *

example@example.com

Phone Number *

Please enter a valid phone number.

Previous work experience: *

Are you or have you ever been employed by a Long Term Care Home? *

Yes

No

If yes, please specify home and year(s) of employment: *

Have you had previous volunteer experience? Please name program/organization and duties: *

Special Skills or Interests: (ie: clerical, telephone, organizing, marketing, foreign languages, counseling, nursing, etc...) *

Why do you want to be a Volunteer Ombudsman? *

Are you willing to devote 4 hours per week to the Volunteer Ombudsman Program plus the time needed to follow through on critical issues? *

- Yes
- No

This position requires some physical activity: stairs, driveways, long corridors, and standing. Is this something you feel comfortable doing? *

- Yes
- No

What is the best time of day to contact you? *

Please submit three professional references

work, school, volunteering, community — please, no family members

Reference #1 *

Phone Number

First Name Last Name Area Code Phone Number

Reference #2 *

Phone Number

First Name Last Name Area Code Phone Number

Reference #3

Phone Number

First Name Last Name Area Code Phone Number

Please save application as a pdf and email application to swwaltcop@dshs.wa.gov or print and mail to:

LTCO Program/AAADSW
201 NE 73rd Street, Suite 201
Vancouver, WA 98665

If you have any questions or concerns please call us at 360-694-9007