

**LONG TERM CARE OMBUDSMAN PROGRAM**  
**Volunteer Ombudsman Application Form**  
**Southwest Washington Regional Office: (360)-694-9007**

**Date:**

**Name:**

**Address:**

**Phone number(s):**

**Email Address:**

**Previous work experience:** (attach additional pages or resume if necessary)

**Have you been or ever been employed by a Long Term Care Facility?**  Yes  No **If yes, which one and when?**

**Have you had previous volunteer experience? If so where:**

**Special Skills or Interests:** (example: 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**

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

**Three references:**

**Name:**

**Phone number(s):**

**Name:**

**Phone number(s):**

**Name:**

**Phone number(s):**

**Please return completed application form & background check form to:**

**LTCO Program/AAADSW 201 NE 73<sup>rd</sup> Street, Suite 201, Vancouver, WA 98665**

**Or email to [degernd@dshs.wa.gov](mailto:degernd@dshs.wa.gov)**