Office of the Long-Term Care Ombudsman
Volunteer Application

Ombudsman
Reaching out for Quality Care

Date _____

❑ Mr. ❑ Mrs.
❑ Ms. Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

County _____ E-mail _____

Position applying for: ❑ Certified Ombudsman ❑ Recruitment and Screening Committee
❑ RAP/CHAT (Friendly Visitor)

❖ Employment History ❖

Please provide a complete history, use attachments if necessary

Dates: from _____ to _____ Employer _____ Job title _____

Supervisor _____ Phone _____

Type of business _____ Job duties _____

_____

Dates: from _____ to _____ Employer _____ Job title _____

Supervisor _____ Phone _____

Type of business _____ Job duties _____

_____

Other employment: _____

_____

❖ Education History ❖

Name of School	Major Areas of Study	Diploma/Degree Earned

Other studies: _____

_____

❖ Volunteer Work ❖

Dates: from _____ to _____ Organization _____

Job Title _____ Type of Organization _____

Supervisor _____ Phone _____

Duties _____

Dates: from _____ to _____ Organization _____

Job Title _____ Type of Organization _____

Supervisor _____ Phone _____

Duties _____

Other volunteer and community activities: _____

_____

_____

Special skills, interests and hobbies: _____

_____

❖ References ❖

Please identify three references including at least one employment reference, if possible. No relatives, please.

Name	Relationship	Phone (Days)	Phone (Eve)

How did you learn about the Ombudsman Program? _____

Why are you interested in joining the program? _____

_____

Have you spent time (as a visitor, employee, volunteer or any other role) in nursing facilities, adult foster care homes, residential care facilities or assisted living facilities? _____

Name of the facilities Dates Your role

_____

_____

_____

Please describe your experiences: _____

_____

_____

_____

❖ Conflict of Interest ❖

As a representative of the Office of the Long-Term Care Ombudsman, you will be a public official as defined by ORS 244.020(15). As a public official, you must avoid conflict of interest or the appearance of conflict of interest and cannot benefit financially from your affiliation with the Office of the Long-Term Care Ombudsman. If a conflict develops after your appointment to the program, you must notify the office immediately.

Do you have any financial or fiduciary interest in a long-term care facility or corporation or partnership that owns long-term care facilities?

❑ Yes ❑ No

Have you been employed by or received remuneration from a nursing home, adult foster care home, assisted living facility or a residential care facility at any time in the past two years?

❑ Yes ❑ No

Is any member of your family employed in a long-term care facility or receiving income from one? If so, please explain.

❑ Yes ❑ No

Are you currently employed by the Senior and People with Disabilities Division of the State of Oregon or an Area Agency on Aging, Type B?

❑ Yes ❑ No

❖ Consent to Criminal Record Check ❖

Currently, most individuals who work with vulnerable populations in Oregon are subject to a criminal record check. The check will assist The Office of the Long-Term Care Ombudsman in making an informed decision about candidate qualifications. In assessing the pertinence of a conviction record, the agency will consider such factors as the nature of the crime, when and where it occurred, and the duties of the position for which application is made.

After the initial screening, you will receive a consent form asking for the information needed to conduct a criminal record check. The check will be completed before you begin your training.

I authorize The Office of the Long-Term Care Ombudsman to conduct a criminal record check and I agree to provide the Office with the information necessary to conduct the check.

_____

❖ Volunteer Commitment ❖

❑ Yes ❑ No Will you be able to fulfill the minimum time commitment for the position (ten hours a month for Certified Ombudsmen, six hours for Recruitment and Screening Committee members?

❑ Yes ❑ No If you are applying for Certified Ombudsman or RAP/CHAT, are you willing to complete monthly reports?

❑ Yes ❑ No Will you be able to attend monthly meetings, continuing education and/or support meetings (see job description for details)?

❑ Yes ❑ No Do you have reliable transportation, so you will be able to make regular facility visits and/or attend meetings?

❑ Yes ❑ No As this is an official position with the State of Oregon, do you understand that your name and telephone number will be available to the public? For example, ombudsmen's names and numbers are posted in their assigned facilities, contact information for committee members is given to potential volunteers, and all volunteer appointments to the program are announced to local newspapers.

❖ Certification and Signature ❖

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this form, or made in the course of any related application process, whether made by me or others at my request, will result in rejection of my application, denial of appointment to a volunteer position or dismissal if discovered after appointment.

Signature: _____

Date: _____

Please return this application to:

The Office of the Long-Term Care Ombudsman
3855 Wolverine NE, Suite 6
Salem, Oregon 97305-1251
1-800-522-2602

❖ Office of the Long-Term Care Ombudsman ❖

Mission Statement

Our mission is to enhance the quality of life, improve the level of care, protect the rights of the individual and promote the dignity of each Oregon citizen living in a nursing facility, residential care facility, assisted living facility or adult foster care home.

Certified Ombudsman Job Responsibilities

Certified Ombudsmen are appointed by the State Long-Term Care Ombudsman to enhance the quality of life for the residents of long-term care facilities. Each Certified Ombudsman has legislative authority to enter a facility and approach residents and staff members in order to fulfill the program's mission. Certified Ombudsmen are obligated to respond to all complaints made by or on behalf of residents. They serve as impartial fact-finders, problem-solvers and resource brokers. Though Certified Ombudsmen must be professional, impartial and fair in pursuit of their mission, they are first and foremost resident advocates and will approach every problem from this essential perspective.

Certified Ombudsmen commit to spending a minimum of ten hours a month on their ombudsman responsibilities. Volunteers must complete a six-day certification training and attend ten hours of continuing education annually. A one-year minimum commitment is requested.

RAP/CHAT Volunteer (Friendly Visitor) Job Responsibilities

RAP/CHAT volunteers regularly visit with facility residents, reducing the isolation and *depression experienced by many residents of long-term care facilities and provide individual* attention that helps residents maintain their maximum level of functioning.

The volunteers commit to spending a minimum of fours hours a month visiting residents. They must attend a one-day training before placement and are expected to routinely attend support and continuing education sessions, generally offered four times a year.

Recruitment and Screening Committee Job Responsibilities

Members of the Recruitment and Screening Committees are appointed by the State Long-Term Care Ombudsman to recruit and screen volunteers to serve as Certified Ombudsmen and to create public awareness of the Ombudsman Program and its services. Typical activities include individual contacts, media campaigns and public speaking, as well as screening potential volunteers. The committees manage the RAP/CHAT programs, including the training, placement and supervision of the RAP/CHAT volunteers. Committees generally meet once a month. The position requires four to six hours monthly and participation in at least one training activity annually.

For Recruitment and Screening Committee use:

Date committee received application: _____ Interview date: _____

Comments: _____

_____

References checked: _____ Comments: _____

_____

Committee Recommendation: _____ Signature: _____

State Ombudsman Recommendation: _____