Office of the Long Term Care Ombudsman

Long-Term Care Ombudsman Volunteer Application

Thank you for your interest in becoming a Long-Term Care Ombudsman Volunteer. Please complete the following application and return to:

The Office of the Long-Term Care Ombudsman
3855 Wolverine NE, Suite 6
Salem, OR 97305-1251
info@ltco.state.or.us

Date Completed: _____

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-Mail: _____

Preferred Phone Number (for application process only): _____

Preferred Means of Contact: ____ Phone ___ E-mail

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

We are interested in understanding why you wish to volunteer as a Certified Ombudsman. Please attach a brief essay of no fewer than 100 words that explains your interest in volunteering for the Long Term Care Ombudsman program.

November 30, 2016

Volunteer Experience				
Name of Organization	Type of Organization	Job Title	Start Date	End Date

Other Community Activities: _____

_____

Work Experience (or attach resume)				
Employer	Job Title	Job Duties	Start Date	End Date

Other Employment: _____

_____

Education and Certification		
Name of School	Areas of Study/Major	Diploma/Degree Earned

Other Certifications: _____

Are you a Veteran? _____ Branch of Service: _____

Do you speak any languages other than English: _____

Have you spent time (as a visitor, employee, volunteer or any other role) in nursing facilities, adult foster care homes, residential care facilities, assisted living facilities, or continuing care facilities? _____ Yes _____ No

Facility Experience		
Facility Name	Dates	Your Role

Comments regarding facility experiences: _____

_____

References: Please include four employment or professional references			
Name	Relationship	E-Mail	Phone

How did you hear about us (choose as many as apply)? _____ Volunteer Match Program

_____ Internet _____ News Article _____ Flyer

_____ AARP _____ Friend _____ Radio

_____ Movie Ad _____ News Ad _____ Mailing

_____ Other: _____

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 as a volunteer, you must notify the office immediately.

Have you been employed by or received remuneration from a nursing home, adult foster care home, assisted living facility, residential care facility, or continuing care facility 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? _____ Yes _____ No

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

Certified Ombudsmen commit to spending an average of sixteen hours a month on their ombudsman responsibilities, mostly during weekday business hours. Certified Ombudsmen must complete six days of certification training including classroom sessions, a facility visit, and a certification test. Certified Ombudsmen must also complete 16 hours of continuing education annually.

Will you be able to fulfill the time commitments required by statute for the position?
_____ Yes _____ No

Certified Ombudsmen are appointed by the State Long-Term Care Ombudsman to act in accordance with the attached job description. A one year minimum commitment is requested.

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

Will you be able to fulfill the duties of the applicable position description, including weekday daytime availability, facility visit, completing monthly reports, and requested length of service?
_____ Yes _____ No

Certified Ombudsmen are urged to attend the monthly team support meetings in their area. They are your best option for networking with other volunteers, connecting with your Deputy, becoming aware of any programmatic changes, and earning your continuing education credits required to maintain your certification.

If there is not a meeting scheduled in your area, you are strongly encouraged to attend the meeting held in a neighboring county, In addition, new meetings are added as volunteer numbers increase in other areas. If you cannot attend these meetings, an alternate plan for maintaining contact with your Deputy and earning continuing education credits will be necessary.

Meetings are currently held as follows:

Central Oregon	Third Tuesday	10:00 - noon
Clackamas County	First Thursday	10:00 – noon
Clatsop County	Third or Fourth Friday	1:00 – 3:00
Coos/Curry County	First Thursday	9:30 – 11:30
Douglas County	First Tuesday	10:00 – noon
Eastern Oregon	Second Wednesday	10:00 – noon
Jackson County	First Wednesday	10:00 – noon
Josephine County	First Tuesday	2:00 – 4:00
Lane County	Fourth Thursday	2:00 – 4:00
Lincoln County	Fourth Tuesday	TBD
Linn Benton	Third Wednesday	1:00 – 3:00
Marion County	Fourth Wednesday	1:00 – 3:00
Multnomah County	Second Thursday	1:00 – 3:00
Washington County	Last Thursday	10:00 – noon
Yamhill County	First Wednesday	10:00 - noon

Will you be able to attend monthly support meetings?
_____ Yes _____ No

Consent to Criminal History Check

The check will assist the Office of the Long-Term Care Ombudsman in making an informed decision about candidate qualifications. In assessing the pertinences 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. The checks will be completed prior to the start of training.

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

I understand that any oral or written statement made during this process 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.

_____ _____

Full Legal Signature of Applicant Date

Photo Release

I authorize the Office of the Long-Term Care Ombudsman to use pictures of me for the purposes of recruiting volunteers and program outreach. These photos will not be sold or released to any other third party.

_____ _____

Full Legal Signature of Applicant Date

For Internal Use Only

Date Application Received at LTCO: _____

Date forwarded to Recruitment and Screening: _____

Interview Date: _____

Comments: _____

References Checked: _____

Photo ID Checked: _____

Recruitment and Screening Recommendation: _____ Approved _____ Not Approved

State Ombudsman Recommendation: _____ Date: _____