

State Long-Term Care Ombudsman Program
**Staff and Volunteer Application to
Enter Certification Training**

This form is provided as a service by the Texas Department of Aging and Disability Services. The local Ombudsman Program may require additional information. A criminal history check will be required before acceptance into the ombudsman training program. Send this form to the local Ombudsman Program serving your address.

Name		Other Names Used (Maiden Name, Nicknames)		Date
Address		City, ZIP Code	Home Area Code and Telephone No. () —	
Email Address		Work/Other Area Code and Telephone No. () —		
Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other		Emergency Contact Name	Area Code and Telephone No. () —	
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language(s):		
Describe your experiences: <input type="checkbox"/> working with the elderly: <input type="checkbox"/> with nursing or assisted living facilities, e.g., ever worked in a facility, placed a relative in a facility: <input type="checkbox"/> as a volunteer:				
What hobbies, interests, and organizations are you involved in?				
Are you currently employed by or help in the operation of a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Do you have a family member employed by or connected with a business interest in a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Do you have a relative currently residing in a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Have you ever been convicted or pled guilty to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (a criminal history check will be conducted before accepting anyone into the Ombudsman Program):				

(For volunteers only) — Availability: Will you be available approximately two hours each week at various times during the week?

Yes No Other?

If yes, explain:

How did you learn about the Ombudsman Program?

Why do you want to be an ombudsman?

Additional Comments:

References. Please provide the name, address, and telephone number of at least three references whom we may contact:

Name	Relationship	Home Area Code and Telephone No. () —
Address	City, State, ZIP Code	Work Area Code and Telephone No. () —
Name	Relationship	Home Area Code and Telephone No. () —
Address	City, State, ZIP Code	Work Area Code and Telephone No. () —
Name	Relationship	Home Area Code and Telephone No. () —
Address	City, State, ZIP Code	Work Area Code and Telephone No. () —

Signature—Applicant

Date