

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. () —	
E-mail 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:				
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):				
Availability: Will you be available at least two hours each week at various times during the week? <input type="checkbox"/> Yes <input type="checkbox"/> 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 two 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. () —

Signature—Applicant

Date

Long-Term Care Ombudsman Program
Consent for Criminal History Check

All representatives of the Office of the State Long-Term Care Ombudsman, both volunteers and staff, entering the Ombudsman Program must complete a criminal history check and have no barring criminal convictions.

Each applicant gives permission to the Department of Aging and Disability Services (DADS) Ombudsman Program to perform an initial criminal history check and periodic checks thereafter. All names ever used by the applicant must be disclosed.

I, _____, authorize the Long-Term Care Ombudsman Program
to request a criminal history check on me to serve as a:

Certified Ombudsman Staff Volunteer Friendly Visitor

Legal charges are pending against me: _____.

Every name I have ever used:

All current or previous license or certification: _____.

My birth date is _____.

My Texas Department of Public Safety (TDPS) driver's license or TDPS identification card number is _____.

An out-of-state license requires my Social Security number _____.

I certify the information listed above is correct.

Printed Name

Signature

Date

To be completed by the local Ombudsman Program:

I have examined the driver's license/ID card of this applicant and verify that the information listed above is correct.

Managing Local Ombudsman/Designee

Area Agency on Aging

Date