## State Long-Term Care Ombudsman Program **Ombudsman Volunteer Application**

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		Date	
		1		
Address	City, ZIP Code	Home Area Code and	d Telephone No.	
E-mail Address	1	Work/Other Area Cod	de and Telephone No.	
		( ) —		
Employment Status	Emergency Contact Name	Area Code and	Telephone No.	
☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Oth	ner	( ) –	_	
Do you speak any languages other than English?	nich language(s):			
Describe your experiences:				
working with the elderly:				
☐ with nursing or assisted living facilities, e.g., ever worked in	n a facility, placed a relative in a fa	acility:		
☐ as a volunteer:				
What hobbies, interests, and organizations are you involved in?				
Assessment of the second of th		□ N		
Are you currently employed by or help in the operation of a lor	ng-term care facility?	☐ No If yes, explai	n:	
Do you have a family member employed by or connected with	a business interest in a long-tern	n care facility?	es 🗌 No	
If yes, explain:				
Tr yes, explain.				
Have you ever been convicted or pled guilty to a misdemeano be conducted before accepting anyone into the Ombudsman F		If yes, explain (a crim	inal history check will	
Availability: Will you be available at least two hours each week	c at various times during the week	<pre></pre> <pre>(? □ Yes □ No (</pre>	Other? If yes, explain:	

How did you learn about the Ombu	dsman Program?	
Why do you want to be an ombuds	man?	
Additional Comments:		
References. Please provide the r Name	name, address, and telephone number of at least t	two references whom we may contact:  Home Area Code and Telephone No.
Name	Relationship	( ) —
Address	City, State, ZIP Code	Work Area Code and Telephone No.
		( ) —
Name	Relationship	Home Area Code and Telephone No.
Address	City State 7ID Code	( ) —
Address	City, State, ZIP Code	Work Area Code and Telephone No.
	I	,
	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.

Ι,	, authorize the Long-Term Care Ombuds	man Program
to request a criminal history check	on me to serve as a:	
☐ Certifie	ed Ombudsman 🔲 Staff 🔲 Volunteer 🔲 Friendly Visito	r
Legal charges are pending against	me:	
Every name I have ever used:		
All current or previous license or ce	ertification:	
My birth date is		
My Texas Department of Public Sat	fety (TDPS) driver's license or TDPS identification card number is	s
An out-of-state license requires my	Social Security number	
I certify the information listed above	e is correct.	
	Printed Name	
	Signature	Date
To be completed by the local Om I have examined the driver's license	nbudsman Program: e/ID card of this applicant and verify that the information listed ab	ove is correct.
	Managing Local Ombudsman/Designee	
	Area Agency on Aging	Date