

**APPLICATION FOR LONG TERM CARE OMBUDSMAN TRAINING**

Last Name		First Name		Middle Initial	
Date of Birth (mm/dd/yyyy)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Street Address				Phone	
City, State				Zip Code	

**Volunteer or Staff Long-Term Care Ombudsman Information:**

Are you a paid staff member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Occupation:** (Check primary occupation)

Medical <input type="checkbox"/>	Business <input type="checkbox"/>	Education <input type="checkbox"/>	Clerical <input type="checkbox"/>	Technology <input type="checkbox"/>	Government <input type="checkbox"/>
Financial <input type="checkbox"/>	Social Services <input type="checkbox"/>	Engineer <input type="checkbox"/>	Military <input type="checkbox"/>	Homemaker <input type="checkbox"/>	
Retired:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other (Specify):		

**Education**

High School <input type="checkbox"/>	Some College <input type="checkbox"/>	College BS/BA <input type="checkbox"/>	Postgraduate <input type="checkbox"/>
Other (Specify):			
Bilingual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language(s) spoken:

**Volunteer Experience**

Please list any previous or current volunteer experience:

**Driver Information**

Are you available to drive anywhere in Lake and/or Mendocino Counties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, how far are you willing to travel?		Driver's License # & State
Insurance Coverage	Liability:	Collision:

**Supplemental Questions**

	Yes	No
Are you a provider of any services monitored by the California Long-Term Care Ombudsman Program (i.e., do you own or are you employed by a Skilled Nursing Facility, a Residential Care Facility, an Intermediate Care Facility, or an Adult Health Care Facility)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related directly or by marriage to anyone who owns or is employed by any of the above-named types of long-term care facilities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does this facility come under the jurisdiction of the <i>Ombudsman Program of Lake &amp; Mendocino Counties</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you presently work as a volunteer in any of the above named types of long-term care facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that there is any other consideration which might constitute a potential conflict of interest for you as an Ombudsman?	<input type="checkbox"/>	<input type="checkbox"/>
Why are you interested in becoming an Ombudsman?		

**References**

I understand that an investigative background inquiry will be made on me which will include social security, sexual offender, criminal and motor vehicle record searches. I hereby consent to your obtaining the above information and that said information obtained will be kept confidential. I also consent to submitting fingerprints for aforementioned background check.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

<b>LTCOP USE ONLY</b>			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:	By: