

OMBUDSMAN VOLUNTEER APPLICATION FORM

Name: _____

Date: _____

Address: _____

Telephone: _____

Township or Borough: _____

Emergency Contact: _____

Address: _____

Telephone: _____

I. SKILLS AND INTERESTS: (attach separate sheet if additional space needed)

Educational Background: _____

Current Occupation: _____

Hobbies, Interests & Skills: _____

Previous Volunteer Experience: _____

Medial Needs: _____

Is there a particular type of volunteer work in which you are interested? Check all that apply.

_____ Ombudsman _____ Senior Center _____ APPRISE – Health Insurance Counseling
_____ Doing Public Speaking/Program Educator _____ No Preference _____ Other

II. AVAILABILITY:

At what time are you interested in volunteering?

_____ Am Flexible _____ Prefer Weekdays _____ Prefer Evenings
_____ Prefer Weekends _____ Prefer Days _____ Other: _____

Do you have a geographic preference as to where you do volunteer work?

_____ NO _____ YES

Do you have transportation so you will be able to do your volunteer work?

_____ NO _____ YES

A valid Pennsylvania driver's license? _____ NO _____ YES

Automobile Insurance? _____ NO _____ YES

Name of Insurance Company: _____

III. REFERENCES: List (2) references of people who have known you for more than one (1) year and are not relatives:

Name: _____

Address: _____

Telephone: _____

FOR OFFICIAL USE ONLY

Reference No. 1 Checked By: _____

Date: _____

Favorable: _____ Unfavorable: _____

Name: _____

Address: _____

Telephone: _____

Reference No. 2 Checked By: _____

Date: _____

Favorable: _____ Unfavorable: _____

CONFLICT OF INTEREST

Conflict of interest exists where an individual's personal interests may compromise his/her ability to be objective and neutral. For the Volunteer Ombudsman Program, a conflict of interest exists when:

- A) A person or member of the person's immediate family has any financial, fiduciary or ownership interests in a long term care facility.
- B) A person volunteers in that facility in which he/she resides.
- C) A person volunteers in a facility in which an immediate family member (grandmother/grandfather, father/mother, brother/sister, or father-in-law/mother-in-law) resides.
- D) A person volunteers in a facility in which he/she has been employed within the last year.

A final determination as to whether a conflict of interest exists shall rest with the Department of Aging Services.

By signing and submitting this application, I agree that:

- (1) I do not have a conflict of interest as defined above,
- (2) I am over the age of eighteen (18),
- (3) all the information in this form is true, accurate, and complete to the best of my knowledge,
- (4) I understand that withholding or giving false information will be sufficient cause for cancellation of my application and/or separation from volunteer service, and
- (5) I have reviewed the job description and will be able to fulfill the responsibilities of the position.

I also give the Ombudsman Volunteer Coordinator the right to investigate all references and secure additional information about me, if job related. I hereby release from liability the Ombudsman representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature

Date

Submit this application to:

Delores Miller
Northampton County Area Agency on Aging
2801 Emrick Boulevard
Bethlehem, PA 18020
For information call: (610) 829-4507 or 1-800-322-9629

The Volunteer Ombudsman Program does not discriminate on the basis of race, color, national origin, political affiliation or beliefs, sex, age or handicap in its admission to access to its programs or activities.