



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

Form 8621
June 2021-E

This form is provided as a service by the Texas Health and Human 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 Phone No.:
Email Address:			Work/Other Area Code and Phone No.:	
Employment Status: <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/> Other		Emergency Contact Name:		Area Code and Phone No.:
Do you speak any languages other than English? <input type="radio"/> Yes <input type="radio"/> No		If yes, which language(s):		
Describe your experiences:				
<input type="checkbox"/> working with 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No If yes, explain:				
Do you have a relative currently residing in a long-term care facility? <input type="radio"/> Yes <input type="radio"/> No If yes, explain:				
Have you ever been convicted or pled guilty to a misdemeanor or felony? <input type="radio"/> Yes <input type="radio"/> 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 one hour per week at various times during the week? Yes No

Other? _____

Please explain your availability:

How did you learn about the volunteer opportunity with the Ombudsman Program?

- A friend or an ombudsman
 Newspaper article or advertisement
 Presentation to an organization or club
 Radio or television
 Saw a flyer or poster
 Social media (Facebook, Twitter, Instagram)
 Other: _____

Why do you want to be an ombudsman?

Additional Comments:

References

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

Name:	Relationship:			Home Area Code and Phone No.:
Mailing or Email Address:	City:	State:	ZIP Code:	Work Area Code and Phone No.:
Name:	Relationship:			Home Area Code and Phone No.:
Mailing or Email Address:	City:	State:	ZIP Code:	Work Area Code and Phone No.:
Name:	Relationship:			Home Area Code and Phone No.:
Mailing or Email Address:	City:	State:	ZIP Code:	Work Area Code and Phone No.:

Signature — Applicant

Date