

Ombudsman Volunteer Application (Hudson Valley & Tri-County)

The survey will take approximately 10 minutes to complete. Must be at least 21 years old to apply.
*Required

Hudson Valley applicants: Email completed form to Theresa Norbom (tnorbom@ltccc.org) with subject: "Application: [Your Name] Hudson Valley LTCOP" or mail to:
Hudson Valley Long Term Care Ombudsman Program
21 Old Main Street Suite 200B
Fishkill, NY 12524

Tri-County applicants: Email completed form to Judy Farrell (judy@ltccc.org) with subject "Application: [Your Name} Tri-County LTCOP" or mail to:
Tri-County Long Term Care Ombudsman Program
10 North Street, Third Floor
Cold Spring, NY 10516

1. Name *

2. Preferred location for volunteering*

- ☐ Hudson Valley (Columbia, Dutchess, Greene, Orange, Sullivan, Ulster)
- ☐ Tri-County (Putnam, Rockland, Westchester)
- ☐ No preference

3. Email address *

4. Phone number *

5. Address *

6. Emergency contact name and number *

7. Do you have transportation? *

☐ Yes

☐ No

8. Have you received the COVID-19 vaccine?

☐ Yes

☐ Partially vaccinated or scheduled

☐ No

☐ Prefer not to answer

9. Briefly describe your employment & life experience (2-3 sentences) *

10. Briefly describe your experience related to long-term care, elderly, disabled, or mental health. (Leave blank if N/A)

11. Employment status *

- ☐ Full-time
- ☐ Part-time
- ☐ Retired
- ☐ Student
- ☐ Other

12. Briefly describe why you want to become a NYS Certified Ombudsman. *

13. Do you currently have a family member residing in a long-term care facility? *

☐ Yes

☐ No

14. What facility? (Leave blank if N/A)

15. Do you speak any non-English language(s)? *

☐ Yes

☐ No

16. Language(s) & proficiency? (Leave blank if N/A)

17. Do you or a family member have a personal/financial interest in any long-term care facility? *

☐ Yes

☐ No

18. If yes, please describe. (Leave blank if N/A)

19. Can you commit to the following: *

☐ 40 hours for the initial certification training

☐ 2-4 hours per week to the Ombudsman Program

☐ Ongoing training for 1-2 hours 6 times per year

☐ All required documentation provided by ombudsman program reporting

20. References (Please list two, including name, nature of relationship, phone, and email) *

21. How did you hear about the ombudsman program? *

22. Please provide any other information that you would like to share. (Leave blank if N/A)

23. Signature (initials) *