

# 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 Gloria Murray (gloria@ltccc.org) with subject: "Application: [Your Name] Hudson Valley LTCOP" or mail to:  
Hudson Valley Long Term Care Ombudsman Program  
82 Washington Street, Suite 201A  
Poughkeepsie, NY 12601

**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) \*