

Resident Advocate Volunteer Application
Office of the Iowa Long Term Care Ombudsman Program

Name: _____

Year of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone*: _____

Cell Phone*: _____

***If selected as a Resident Advocate, can we post your work and/or cell phone number? Circle: Yes No**

E-mail address: _____

***E-mail address will NOT be posted at the facility or given to other agencies or businesses.**

Name and town of Nursing Home where you would like to serve as a Resident Advocate:

How did you learn about this volunteer opportunity?

Occupation/Former Occupation: _____

Please describe your past and present work experiences.

Please describe your past and present volunteer experiences.

What skills or strengths do you have that would be valuable as a Resident Advocate?

Do you own or have a financial interest in any facility/facilities? Yes No

If yes, please provide more details:

For Office Use Only:

Screening Call: _____ Facility # _____

Approved: Date/Initials _____

Orientation Packet Mailed: _____ Dates Mailed: _____

1 _____ 2 _____

Orientation Date: _____

Do you now, or have you ever worked in a facility or been a professional consultant to a facility? Yes No

If yes, please name the facility, job title and dates employed.

Are you related to an employee, board member, or licensee of the facility where you wish to volunteer? Yes No

If yes, please explain who you are related to and what position they have at the facility.

Are you a public employee involved with the sponsoring or placement of residents in a facility? Yes No

If yes, please list place of employment, job title and dates employed.

Have you ever been convicted of a criminal offense? Yes No

If yes, please list conviction and date.

Please note:

If you have marked yes to any of the above questions, you may be asked to complete more documentation.

IMPORTANT -PLEASE READ

- If I am accepted as a Resident Advocate, I agree to read the volunteer training manual and to participate in a telephone orientation prior to beginning my volunteer duties.
- I agree to spend a minimum of 3 hours each month in the facility visiting assigned residents, keep a journal/log of resident visits, and to identify concerns and resolutions for resident problems.
- I will attend additional training programs held once per year.
- I will attend quarterly Resident Advocate Committee Meetings in my local area.
- I understand that failure to fulfill these responsibilities may result in termination of volunteer duties.

VOLUNTEER PROGRAM

- I understand that I am applying to be a Resident Advocate Committee Volunteer for the Iowa Department on Aging, Office of the State Long-Term Care Ombudsman.
- My volunteer work will be conducted in a long-term care facility of my choice, but I understand that I am NOT a volunteer for the facility.
- I understand that I can contact the Long-Term Care Ombudsman at any time for information or assistance.

By signing this application, I verify that all information is true and correct; I understand the responsibilities associated with this volunteer position and agree to abide by these terms.

Signature _____

Date _____

Mail completed application to: **Office of the State Long-Term Care Ombudsman**
Iowa Department on Aging
510 E. 12th St.
Jessie M. Parker Building, Suite 2
Des Moines, IA 50319-9025