



STATE LONG-TERM CARE OMBUDSMAN PROGRAM (SLTCOP)
Volunteer Application

Name:

Email:

Address:

City:

State:

Zip:

Phone: Home

Work

Cell Phone

(Please select preferred telephone number)

Are you age 21 or over? Yes No

Education: High School College Graduate Degree Tech Training

Field of Study:

Why do you want to become a volunteer for the State Long-Term Care Ombudsman Program (SLTCOP)?

Employment Experience: (Describe skills and duties – Include resume)

Have you had any experience with long-term care residents and/or older adults? Please describe.

What experience have you had with a nursing home or assisted living facility? In what capacity?

What languages do you speak?

Do you drive or have reliable transportation? Yes No



Do you have any relatives or friends closely connected with, employed by, or currently living in a nursing home or assisted living facility? Yes No If yes, please explain.

Please provide the name and number of a person we should notify in the event of an emergency.

Name: Relationship:
Address:
City: State: Zip:
Phone Number(s):

Please list two non-family references we may contact, such as employers or community members:

Name: Tel #:
Relationship to you:

Name: Tel #
Relationship to you:

This position requires working with vulnerable adults so we may need to do a criminal background check. Would you grant permission? Yes No

SIGNATURE: DATE:

Thank you for your interest in volunteering for the State Long-Term Care Ombudsman Program. Please send this form to the email address below or you can mail it to the State Office.

Email: ombudsman.mdoa@maryland.gov
Mailing Address: State LTC Ombudsman
Maryland Department of Aging
301 W. Preston Street, Room 1007
Baltimore, MD 21201