



**Ombudsman Services of San Mateo County, Inc.**  
**Volunteer Application**

Name:		Date:
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Email:		
How did you hear about our program?		
Do you have a car available for site visits?    Yes    No		
Driver's License #	Car License Plate #	
Insurance Company:		
Policy Number:		
Education/Special Training:		
Other Languages (indicate fluency):		
Current Occupation:		
Employer:	Work Phone:	
Previous Work Experience:		
What special skills, if any, do you possess that would enhance your work with residents or with residents of a particular ethnic group?		



OSSMC monitors licensed facilities for the entire San Mateo County which stretches from East Palo Alto to Colma. How far are you willing to travel to your assigned facilities?

OSSMC contracts with the county of San Mateo to monitor Adult Residential and Intermediate Care Facilities which are long-term care facilities for developmentally disabled adults 18 to 59 years old. We would like to increase the number of volunteers who have a compassion for this underserved group.

Are you interested in serving this clientele?      Yes      No

Why or why not?

Please rate your skill level for the following:

- |                                     |      |      |        |
|-------------------------------------|------|------|--------|
| a. Sending/receiving emails:        | Poor | Good | Strong |
| b. Familiarity with databases:      | Poor | Good | Strong |
| c. Maintaining user IDs/passwords:  | Poor | Good | Strong |
| d. Usage of a calendar application: | Poor | Good | Strong |
| e. Usage of Google Drive/Docs:      | Poor | Good | Strong |

Is there anything else you would like to share with us?

Email completed forms to: **pattyhovik@ossmc.org**

Or print and return by mail to:

**OSSMC**  
**Attn: Volunteer Coordinator**  
**1455 Madison Avenue**  
**Redwood City, CA 94061**

Questions? Call the volunteer coordinator at **(650) 780-5705**