



OMBUDSMAN
ADVOCATES FOR QUALITY OF LIFE IN RESIDENTIAL CARE

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?		

Check the skills/experience you have in the following areas:		
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Mediation	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Consumer Education	<input type="checkbox"/> Community Organizing	
Have you worked in a long-term care facility? Yes No		
If yes, give details, including name of facility, in what capacity you worked and dates:		
Do you or an immediate family member have a financial interest in a long-term care facility (e.g., owner, employee, partnership, stockholder, board member)? Yes No		
If yes, please explain:		
Have you ever had a relative in a long-term care facility? Yes No		
If yes, what was your relationship? (e.g., mother, uncle, etc.)		
How did it influence your decision to become an Ombudsman?		
Are you a guardian or an agent for a Power of Attorney or Advance Directive for Health Care for a resident living in a long-term care facility? Yes No		
If yes, which facility?		
Have you been convicted of a crime? (Do not include minor traffic offenses) Yes No		
If yes, please provide date and offense:		
Person to contact in emergency:		
Name:	Phone:	
Persons we may call for a personal reference:		
Name:	Phone:	
Name:	Phone:	

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: michele.epstein@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**