



VOLUNTEER LONG-TERM CARE OMBUDSMAN APPLICATION

Please complete the following information and mail or email your application to:

Aging and Long-Term Services
State Ombudsman Program
P.O. Box 27118
Santa Fe, NM 87502-7118
LTC.Ombudsman@state.nm.us

Name: _____ Today's date: _____

Home address: _____

Mailing Address (If different from home address):

Telephone: Home: _____ Work: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

How did you hear about the Ombudsman program:

Why would you like to be a volunteer ombudsman?

Do you have restrictions, which might affect your volunteer work, such as transportation, childcare arrangements, physical limitations or irregular hours?

EXPERIENCE:

Briefly describe your educational background:

What personal or work experience have you had with older adults or adults with disabilities?

Has a relative or friend of yours ever lived in a long-term care facility?

Please describe other interests, organizations, or hobbies in which you are involved.

What language do you speak other than English?

- **How well do you speak it?**

POSSIBLE CONFLICTS OF INTEREST:
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Describe any financial or other interest you might have in a long term care facility such as a nursing home, assisted living, or board and care home or any other type of long term care facility:

Do you have any potential conflict of interest, which might affect your role as a volunteer ombudsman:

Does a close friend or relative of yours work in a long-term care facility or have a financial interest in a long term care facility?

- **If yes, does that relative live in your home or contribute to your household budget?**

Have you ever been accused or convicted of a crime involving dishonesty, fraud, exploitation, abuse, or neglect?

- **If yes, explain**

REFERENCES:

Please provide at least one personal and one professional reference that we may contact:

Personal Reference Name: _____

Relationship: _____

Address: _____

Telephone: Home: _____ Work: _____

Professional or Work Reference Name: _____

Relationship: _____

Address: _____

Telephone: Home: _____ Work: _____

THANK YOU FOR YOUR APPLICATION!

Please send or email your completed application to:

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The Ombudsman Program is a division of New Mexico's Aging & Long-Term Services Department. **If you have any questions, please contact us:**

1-866-451-2901

<http://www.nmaging.state.nm.us/omb-volunteering.aspx>