



FRIENDLY VISITOR PROGRAM APPLICATION

Region: _____ Date: _____

ALL INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL

Personal Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Previous Address (if less than 5 years at current address): _____

City, State, Zip: _____

Telephone: Home: _____ Work _____

Fax: _____ E-Mail Address: _____

Social Security Number: _____ Sex: Male _____ Female _____

Occupation & Employer: _____

Date of Birth: ____/____/____ Education: _____

Days and Times You Are Available to Volunteer:

Days: _____

Times: _____

Volunteer Activities:

Friendly Visitor: _____ Data Entry: _____ Intake: _____ Speaker/Presenter: _____

Volunteer Experience: _____

Are you willing to make a one year commitment as a volunteer? Yes _____ No _____

Do you have your own transportation? Yes _____ No _____

Form of Transportation _____

Why are you interested in volunteering with the Ombudsman Program? _____

How did you learn about the Friendly Visitor Program?

Newspaper: _____ LTCO Staff: _____ AARP: _____ Poster: _____ Brochure: _____ Other: _____

Do you have friends or relatives connected with a long-term care facility? Yes _____ No _____

Do you have a conflict of interest (work for a facility/family member in a facility, etc.?) Yes _____ No _____

Have you been employed by a long-term care facility within the past year? Yes _____ No _____

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

Special Interests or Hobbies: _____

Special Skill, Training, Languages, Etc _____

Work History:

Organization: _____ Position: _____

Supervisor: _____ Dates: _____

Organization: _____ Position: _____

Supervisor: _____ Dates: _____

Organization: _____ Position: _____

Supervisor: _____ Dates: _____

References: Personal or Professional (Non-relatives):

Name: _____

Address: _____ Phone: _____

Name _____

Address: _____ Phone: _____

Name _____

Address: _____ Phone: _____

I authorize the SC State Long Term Care Ombudsman Program to contact references that I have listed.

Signature of Applicant: _____

Date: _____

Resume or additional comments may be submitted in addition to application.

