

# SOUTH SHORE ELDER SERVICES NURSING HOME OMBUDSMAN APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. Previous volunteer experience and/or experience working with the elderly:  
\_\_\_\_\_  
\_\_\_\_\_

2. What towns are you willing to serve?  
\_\_\_\_\_  
\_\_\_\_\_

3. Interest, hobbies, etc. that might help you relate to Nursing Home Residents:  
\_\_\_\_\_  
\_\_\_\_\_

4. Comments regarding your ability to be objective in your role as an Ombudsman:  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had any previous work with Nursing Homes? \_\_\_\_\_

6. If so, when/where and in what capacity?  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you or your family members have any immediate interests (investments) in nursing homes? \_\_\_\_\_ if so, where? \_\_\_\_\_

8. Do you have any relatives residing in nursing homes? \_\_\_\_\_  
If so, where? \_\_\_\_\_

9. Do you have any relatives employed by a nursing home? \_\_\_\_\_  
If so, where? \_\_\_\_\_

10. How did you hear of this program? \_\_\_\_\_

## LONG TERM OMBUDSMAN APPLICATION (PAGE 2)

I understand that the Massachusetts State Long Term Care Ombudsman has the authority to decertify my position as an Ombudsman Representative at any time if I do not meet the qualifications, guidelines or expectations as stated in the Older Americans Act, Massachusetts Statutes, and Massachusetts Long Term Care Ombudsman policies, procedures and guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

References:            Name; Relationship to Volunteer:

\_\_\_\_\_  
\_\_\_\_\_