



Susana Martinez, Governor
Gino Rinaldi, Cabinet Secretary
Myles Copeland, Deputy Secretary

VOLUNTEER OMBUDSMAN APPLICATION

Please complete the following information:

DATA:

Name: _____ Today's date: _____

Home address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Mailing Address (If different from home address) _____

E-Mail (Optional) _____

Emergency Contact Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

How did you hear about the Ombudsman program: _____

Partners in Lifelong Independence and Healthy Aging

1015 Tijeras NW, Suite 200 • Albuquerque, New Mexico 87102-3994

505-222-4500 • Toll-free in New Mexico 1-866-842-9230 • www.nmaging.state.nm.us

Why would you like to be a volunteer ombudsman? _____

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

EXPERIENCE:

Briefly describe your educational background: _____

(If you need additional room, please continue on the back.)

What personal or work experience have you had with older people? _____

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:

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 any close friend or relative of yours work in a long-term care facility or have financial interest in a long term care facility? _____ If so, 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 scandal? _____.

REFERENCES:

Please give the name, address, telephone numbers and relationship of 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: _____

Partners in Lifelong Independence and Healthy Aging

1015 Tijeras NW, Suite 200 • Albuquerque, New Mexico 87102-3994

505-222-4500 • Toll-free in New Mexico 1-866-842-9230 • www.nmaging.state.nm.us