



THE SENIOR SOURCE  
SENIOR CITIZENS  
OF GREATER DALLAS

## Long-Term Care Ombudsman Program Volunteer Application

Name \_\_\_\_\_  
(last) (first) (middle)

Other Names Used (maiden name, nicknames) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

E-mail address \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Drivers License # \_\_\_\_\_

Employment Status: Full time  Part time  Retired  Student

Present or most recent employment \_\_\_\_\_

Supervisor's name and phone number \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Former Supervisor (or Unrelated Personal) References:

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Other) \_\_\_\_\_

Give name(s) and phone number(s) of person(s) to be contacted in case of emergency.

A background investigation check will be made prior to accepting anyone into the volunteer ombudsman training. Have you ever been convicted of or pled guilty to a misdemeanor or felony (including nolo contendere, no contest, and/or deferred adjudication)? \_\_\_\_\_

(over)

Do you speak any other languages? \_\_\_\_\_ If yes, which language(s) \_\_\_\_\_

List volunteer experiences you have had. \_\_\_\_\_

How did you hear about the Long-Term Care Ombudsman Program? \_\_\_\_\_

Why do you want to be an Ombudsman? \_\_\_\_\_

Please describe any past experience you have had with nursing or assisted living facilities (such as ever worked in one; placed a relative in one)

Do you currently have a family member residing in a nursing home or assisted living facility? \_\_\_\_\_

If so, where? \_\_\_\_\_

In general, what is your opinion of nursing homes and assisted living facilities? \_\_\_\_\_

Volunteer Availability. Please check the number of hours and the time available for volunteer service.

Monthly

Time

Days

8-10 hours

Morning

Weekdays

11 – 20 hours

Afternoon

Weekends

Would you be able to accept assignment in any long-term care facility in Dallas County? \_\_\_\_\_

If no, please give areas you are available to serve \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## BACKGROUND VERIFICATION CONSENT/RELEASE/INDEMNITY

**APPLICANT INFORMATION (please print clearly in blue or black ink):**

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used*	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver License Number and Type (Ex. Type C)	State Issued
Position Applied For:			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Please List Any Pending Criminal Charges:			
Please List Any Current or Previous Related License(s) or Certification(s):			

\* *More space is available on the next page.*

I hereby certify that all information I have provided on this form is true and correct. I give my permission to Senior Citizens of Greater Dallas, Inc., dba The Senior Source to further obtain information relating to my criminal history record and social security number trace, sex offender status, and/or driver's record through Volunteer Now VeriFYI, the Department of Health and Human Services, the Texas Department of Public Safety, the Federal Bureau of Investigation (FBI) and/or other approved service providers.

The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I also understand that the criminal history could contain information presumed to be expunged. I understand that I may or may not have an opportunity to review the criminal history as received by Senior Citizens of Greater Dallas, Inc., dba The Senior Source. I understand that if I dispute the record as received, a procedure is available for clarification and I may request instructions for that process from my immediate supervisor and/or the Chief Operations Officer.



I, the undersigned, do, for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify Senior Citizens of Greater Dallas, Inc., dba The Senior Source, Volunteer Now VeriFYI, the Department of Health and Human Services, the Texas Department of Public Safety, the FBI, and/or other service providers and each of their subsidiaries, affiliates, officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims, and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of any of the above) and any and all related attorneys' fees, court costs and other additional expenses resulting from any request for information or records pursuant to this authorization, procurement of an investigative consumer report, and/or the investigation of my background, in connection with my application to become an employee/volunteer. I understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

**The information provided on this application is accurate and truthful. I understand that falsifying the information on any part of this application is grounds for immediate termination from the program and may result in non-payment for services including training compensation.**

I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time through any source listed above. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Below, please list any other names used but not provided in the box on the previous page (including but not limited to maiden name):*

\_\_\_\_\_

**Please include a copy of each of the following with this signed release:**

- (1) **your state-issued identification card or driver's license and**
- (2) **your birth certificate, baptism record, social security card, census document, or passport.**

*Internal use only below this line*

I certify that I have examined the state-issued identification card or driver's license of this applicant and verify that the information from that card is correctly reflected on the previous page.

\_\_\_\_\_  
The Senior Source staff signature

\_\_\_\_\_  
Date

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*A UNITED WAY PARTNER AGENCY*

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