



Long Term Care Ombudsman Program

Founded on the principle that elderly persons who are unable to care for themselves are entitled to dependable and consistent care, our mission is to assure the highest quality of life and care possible for those elderly persons in long term care – most of whom are frail, vulnerable, and unable to

Ombudsman Application

Contact Information			
Name		Date:	
Street Address		Date of Birth:	
City, ST Zip		Sex: M/F	
Home Phone		Cell Phone	
Work Phone		E-Mail Address	

Additional Information			
Do you drive?		DL #	State issued
Liability Amount		Collision Amount	
Are you Bilingual?		Which Languages do you speak?	

Employment			
Are you Currently Employed?	yes	no	
If yes: Current Employer			

Education

Volunteer Experience

References

Long Term Care Services of Ventura County, Inc.,
 2021 Sperry Avenue Suite 35
 Ventura, CA 93003

T. 805.656.1986 Fax. 805.658.8540

www.ombudsmanventura.org

A 501 (c) 3 Public Benefit Charitable Corporation

All donations are gratefully accepted and 100% tax deductible

Tell us

Why are you interested in becoming an Ombudsman?

PLEASE ANSWER THE FOLLOWING WITH “YES” OR “NO”

Are you a provider of any services monitored by the California Long Term Care Ombudsman Program (i.e., do you own or are you employed by a Skilled Nursing Facility, a Residential Care Facility, an Immediate Care Facility, or an Adult Health Care Facility)?

Are you related directly or by marriage to anyone who owns or is employed by any of the above-named types of long term care facilities?

If yes, does this facility come under the jurisdiction of the Ombudsman Program funded in part by the Ventura County Area Agency On Aging (i.e., is the facility in Ventura County)?

Do you presently work as a volunteer in any of the above named types of long term care facilities?

Do you feel that there is any other consideration which might constitute a potential conflict of interest for you as an Ombudsman?

Are you available to drive anywhere in Ventura County?

If not, how far are you willing to travel?

Agreement and Signature

I understand that an investigative background inquiry will be made on me which will include social security screening, national criminal file, sexual offender search, and criminal search and motor vehicle records. I hereby consent to your obtaining the above information and that information obtained will be kept confidential. I also consent to fingerprinting.

Name (printed)

Signature

Date

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