



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Oklahoma Long-Term Care Ombudsman Program



Ombudsman Volunteer Application

Name		Social Security number		Date	
Street address	City	State	Zip	Area code	Phone
Place of employment				Area code	Phone

Skills/special interests: _____

Hobbies: _____

Educational/special training: _____

Activities/organizations: _____

Do you drive? Yes No Do you have liability insurance? Yes No
In case of emergency notify:

Name		Area code		Phone	
Street address	City	State	Zip		

State briefly why you want to volunteer in the Ombudsman program.

I agree to abide by the rules and guidelines of the Oklahoma Ombudsman Program. I will not disclose information to anyone regarding any complainant or client's name, condition, or situation, except to the State Ombudsman or my supervisor, without the written permission of the complainant, client, or legal representative. Any release of information requires supervisory approval.

I understand my application will be screened by Ombudsman program staff and that I must obtain training and accept supervision in order to be certified as an Ombudsman volunteer.

Signature Date

Return this completed form to:

the area Ombudsman supervisor at your Area Agency on Aging. Call 800-211-2116 for mailing address;

or: State Long-term Care Ombudsman Program
OKDHS - Aging Services Division
2401 NW 23rd Street, Suite 40
Oklahoma City, OK 73107
405-521-6734