



Eastern WA Long Term Care Ombudsman
 Spokane Neighborhood Action Programs
 500 South Stone, Spokane WA 99202

Phone 509 456-7133
 Phone 800-660-7133
 FAX 456-7159

VOLUNTEER OMBUDSMAN APPLICATION FORM – Downloaded Form

Date _____

Name _____

Phone # (days) _____ Phone # (Eve) _____

E-Mail Address _____

Address _____

City _____ State, _____ Zip Code _____

Previous work experience: (Attach additional pages or resume if necessary.)

Have you been employed by a Long Term Care Facility? ___ Yes ___ No.

If yes, which one and when? _____

Previous volunteer experience: (Attach additional pages or resume if necessary) _____

Special skills or interest: (Example: Clerical, telephone, political organizing, foreign languages, counseling, nursing, etc.) _____

Why do you want to be an ombudsman? _____

How did you learn of this volunteer opportunity? _____

Are you willing to devote four hours per week to the ombudsman program and attend monthly meetings?
 Yes ___ No ___

References: (Work and Personal)

NAME	ADDRESS	PHONE