



# Nebraska Long-Term Care Ombudsman Advocate Application

## Basic Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Educational Background

Name of High School: \_\_\_\_\_

Highest Year Completed or GED/Graduation Date: \_\_\_\_\_

UnderGrad Years Completed or Degree Received: \_\_\_\_\_ Date: \_\_\_\_\_

Name of College: \_\_\_\_\_

Graduate years completed or degree received: \_\_\_\_\_ Date: \_\_\_\_\_

Name of College: \_\_\_\_\_

List any additional education that may be relevant to this position.

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## Employment Background

Name of current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Supervisor Name and Phone: \_\_\_\_\_

List any additional employment information that may be relevant to this position.

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## Volunteer Background

Name of current or most recent volunteer position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Volunteer Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor Name and Phone: \_\_\_\_\_

List any additional volunteer experience that may be relevant to this position.

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## Long Term Care Experience

Describe any professional experience with long-term care: \_\_\_\_\_

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Describe any personal experience with nursing homes or assisted living: \_\_\_\_\_

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## Other

Discuss your reasons for wanting to be an ombudsman advocate.

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List or describe any additional information that may be relevant.

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Do you have your own transportation?      YES              NO      (Circle one)

List days and hours available.

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I attest that the information provided above is complete and accurate, to the best of my knowledge.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

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### Emergency Contact

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to contact the above named person, in the event of an emergency.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

**References** (List two persons whom we may contact)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

I grant permission to contact the above named persons, in order to obtain references on myself.

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Name

Date