



## Resident Advocate Application

(Please print)

\_\_\_\_\_  
Name (last)

\_\_\_\_\_  
(first)

\_\_\_\_\_  
Address (street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Gender:      Male      Female

Indicate highest level of education:

High School      College      Technical School      Other \_\_\_\_\_ (Please specify)

\_\_\_\_\_  
Employment Experience (include present employment):

\_\_\_\_\_  
Foreign language(s) spoken:

\_\_\_\_\_  
Physical limitations?    Yes    No   If yes, please explain:

\_\_\_\_\_  
Have you ever been a volunteer?    Yes      No

\_\_\_\_\_  
If yes, where?

\_\_\_\_\_  
Dates:

\_\_\_\_\_  
Describe activities:

\_\_\_\_\_  
List memberships in civic/fraternal/church or other organizations:

\_\_\_\_\_  
Have you ever had any experience with nursing homes or working with the elderly/disabled?    Yes    No

\_\_\_\_\_  
If yes, describe briefly:

\_\_\_\_\_  
Do you or a family member work in or own a long-term care facility?    Yes    No

(Individuals who work, live in, have relatives that live in a facility, or own long-term care facilities are restricted from volunteering in the LTCOP.)

Write a brief statement as to why you want to be a Volunteer Resident Advocate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a relative in a long-term care facility at the present time? If yes, where: \_\_\_\_\_

Can you spend four hours a week as a Volunteer Resident Advocate in an assigned facility? ( ) Yes ( ) No

Can you attend five days in an initial training program. ( ) Yes ( ) No

Are you available for additional 2 hour trainings and/or group meetings every month? ( ) Yes ( ) No

Do you have a Driver's License and valid Auto Insurance? ( ) Yes ( ) No

Driver's License Number \_\_\_\_\_ Name of Insurance Carrier \_\_\_\_\_

Do you have access to a car? ( ) Yes ( ) No

How did you learn about this program? \_\_\_\_\_

*\*\*Please note, there will be future opportunities to volunteer in other aspects of the program. Would you be interested in:*

\_\_\_\_\_ *Newsletter*

\_\_\_\_\_ *Website*

\_\_\_\_\_ *Other*

*You will be contacted at a later date about these activities.*

RACE (OPTIONAL) White\_\_\_ Black\_\_\_ Hispanic\_\_\_ Other\_\_\_

Thank you for your interest.

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

\_\_\_\_\_  
Date

You will be asked to provide two references from non-related persons. If applicable, former supervisors would be appropriate. Please send completed application and completed references to:

**State Ombudsman/Mairedad Painter**  
**State Long Term Care Ombudsman Program**  
**Department of Aging and Disability Services**  
Email [LTCOP@ct.gov](mailto:LTCOP@ct.gov)