

Catholic Charities
Long Term Care Ombudsman Program
Time Commitment form

Can you make a one-year commitment to the Ombudsman Program? _____

Is there anything that might interfere with your ability to volunteer in the future such as employment, travel, family obligations or moving? _____ If yes, please explain: _____

Routine facility visits are required in the LTC Ombudsman Program. Do you anticipate visiting:

Weekly _____ Bi-weekly _____ Other _____

Are you willing to submit weekly written reports, documenting your facility visits? _____

Will you be available to attend and complete the Ombudsman training during normal business hours? If not, when are you available? _____

I hereby certify that all statements in this application are true, and correct to the best of my knowledge, and understand that falsification of information shall be grounds for termination of my volunteer position. I authorize Catholic Charities Long Term Ombudsman Program to contact listed references. I understand that I must be officially accepted before beginning my volunteer position. I agree to fulfill the responsibilities of this volunteer position to the best of my ability. I understand that failure to comply with the information provided in the Illinois Department on Aging manual may lead to decertification.

Signature _____ Date _____