

Nursing Home Ombudsman Agency of the Bluegrass, Inc.

1530 Nicholasville Road, Lexington KY 40503
877-787-0077(toll free) or 859-277-9215 www.ombuddy.org

Friendly Visitor Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Would you like for NHOA to share your email address with our affiliated organizations regarding nursing home reform? Yes No

Person to Notify in Case of Emergency

Name	
Home Phone	
Work Phone	

Related Work & Volunteer Experience

List your previous work and volunteer experiences.

Agency Name:

Date:

Background Check

FOR THIS TYPE OF EMPLOYMENT/VOLUNTEER ASSIGNMENT STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT/ VOLUNTEER ASSIGNMENT.

Please complete the form provided, and make a \$20.00 donation to NHOA to help us offset the cost.

3 Professional References

Name, Relationship:

Phone:

Conflict of Interest

1.) Do you currently have a family member living or working in a nursing facility?

Yes Living in a facility or Working in a facility
 No

Family Member/Relation	
Nursing Facility	

2.) Is there a nursing facility that you do not wish to volunteer in?

Yes
 No

Facility Name	
Location	

How did you hear about us?

Tell us how you heard about the Friendly Visitor Program.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.