

**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

# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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 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 \$15.00 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	

### 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.