

**Nursing Home Ombudsman Agency of the Bluegrass, Inc.**

3138 Custer Drive, Suite 110, Lexington, KY 40517

859-277-9215      www.ombuddy.org

## Friendly Visitor Volunteer Application

### Contact Information

Name	
Street Address	
City, State, 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

State law requires a \$22 background check as a condition of volunteer assignment. As a non-profit organization, we appreciate any help to cover this expense. We respectfully request a \$20.00 donation to NHOA to offset the cost of the background check.

### 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.