



## AgeUp, Inc. Volunteer Application

Name:		Date:
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Email:		
How did you hear about our program?		
Do you have a car available for site visits?      Yes      No		Auto-related questions for Ombudsman applicants only
Driver's License #	Car License Plate #	
Insurance Company:		
Policy Number:		
Education/Special Training:		
Other Languages (indicate fluency):		
Current Occupation:		
Employer:	Work Phone:	
Previous Work Experience:		
What special skills, if any, do you possess that would enhance your work with residents or with residents of a particular ethnic group?		

What program(s) are you interested in Volunteering? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Ombudsman  <input type="checkbox"/> Friendly Visitor         </div> <div> <input type="checkbox"/> Phone Buddies  <input type="checkbox"/> Activities Volunteer Specific interests: _____         </div> <div> <input type="checkbox"/> Office Support         </div> </div>	
Have you worked in a long-term care facility?      Yes      No  If yes, give details, including name of facility, in what capacity you worked and dates:	
Do you or an immediate family member have a financial interest in a long-term care facility (e.g., owner, employee, partnership, stockholder, board member)?      Yes      No  If yes, please explain:	
Have you ever had a relative in a long-term care facility?      Yes      No  If yes, what was your relationship? (e.g., mother, uncle, etc.)	
How did it influence your decision to become an Ombudsman?	
Are you a guardian or an agent for a Power of Attorney or Advance Directive for Health Care for a resident living in a long-term care facility?      Yes      No  If yes, which facility?	
Have you been convicted of a crime? (Do not include minor traffic offenses)      Yes      No  If yes, please provide date and offense:	
Person to contact in emergency:  <div style="display: flex; justify-content: space-between;"> <div>Name:</div> <div>Phone:</div> </div>	
Persons we may call for a personal reference:  <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Name:</div> <div>Phone:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Name:</div> <div>Phone:</div> </div>	

AgeUp monitors licensed facilities for the entire San Mateo County which stretches from East Palo Alto to Colma. How far are you willing to travel to your assigned facilities?

AgeUp contracts with the county of San Mateo to monitor Adult Residential and Intermediate Care Facilities which are long-term care facilities for developmentally disabled adults 18 to 59 years old. We would like to increase the number of volunteers who have a compassion for this underserved group.

Are you interested in serving this clientele?      Yes      No

Why or why not?

Please rate your skill level for the following: (Ombudsman Volunteers only)

- |                                     |      |      |        |
|-------------------------------------|------|------|--------|
| a. Sending/receiving emails:        | Poor | Good | Strong |
| b. Familiarity with databases:      | Poor | Good | Strong |
| c. Maintaining user IDs/passwords:  | Poor | Good | Strong |
| d. Usage of a calendar application: | Poor | Good | Strong |
| e. Usage of Google Drive/Docs:      | Poor | Good | Strong |

Is there anything else you would like to share with us?

Email completed forms to:      **volunteer@age-up.org**

Or print and return by mail to:

**AgeUp, Inc.**  
**Attn: Volunteer Manager**  
**1333 Madison Avenue**  
**Redwood City, CA 94061**

Questions? Call the Volunteer Manager at **(650) 780-5705**