

Adult Care/Nursing Home Community Advisory Committees Supplemental Committee Application Questionnaire

How did you learn about this volunteer opportunity?

What specifically interests you in being appointed to serve as a community advisory committee member?

Do you have previous experience in any capacity working with older or disabled adults that you think would be helpful to you in this volunteer role?

Do you currently have volunteer commitments with other local agencies? _____

Have you ever had or do you currently have an immediate family member who is a resident of a long term care facility, is an employee of a long term care facility or has financial or ownership interests in a long term care facility? _____. If yes:

- Type of facility? _____
- What county is the facility located in? _____
- Were you pleased with the care provided by that facility? _____
- How did you handle any problems that occurred? _____

Have you worked in a long term care facility before? _____

- If yes, when and what type of facility? _____

Are you aware of any financial interests you may have related to a long term care facility in the county in which you want to be appointed? *(Give examples of possible conflicts: facility ownership in immediate family, current employment, paid consultant to a facility in any capacity, employee of agency with business involvement with facility, paid services for any resident in the facility.)*

Do you currently serve in any capacity as a public official in this county? _____

Are you willing to submit to a criminal background check if required? _____

Can you commit up to 15 hours to complete the required initial training? _____

Are you able to commit a minimum of 8 – 24 hours every three months to visit with residents in facilities in your county once assigned to a Committee Advisory Committee team? _____

Do you have reliable transportation available to attend meetings and conduct visits? _____