

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Aging and Adult Administration
Volunteer Ombudsman Program

CONFIDENTIAL REFERENCES

To Whom It May Concern:

Your name has been given as a reference by _____ ,
who is interested in doing volunteer work for the Volunteer Ombudsman program as an advocate for residents of
long-term care facilities.

**The volunteer advocate must have the ability to form relationships with older people experiencing
disabilities, as well as various long-term care facility staff.**

Please complete the information below and return as soon as possible in the envelope provided. Your reply will be
held in strict confidence.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY? (*Business, social, etc.*)

2. WHAT STRENGTHS AND ABILITIES DO YOU FEEL THIS PERSON HAS TO HANDLE THE POSITION DESCRIBED ABOVE?

3. WOULD YOU BE WILLING TO TRUST THIS PERSON TO RESOLVE PROBLEMS FOR A MEMBER OF YOUR OWN FAMILY IF YOUR FAMILY MEMBER
LIVED IN A LONG-TERM CARE FACILITY? WHY?
