

Make a Difference... Be A Volunteer Ombudsman

Central Midlands Volunteer Ombudsman Program
Attn: LaToya Buggs-Williams, Ombudsman Investigator
236 Stoneridge Drive
Columbia, SC 29210

Contact Information

Central Midlands Long-Term Care
Ombudsman Program
236 Stoneridge Drive
Columbia, South Carolina 29210
(803) 376-5389 / 1-800-391-1185
Fax: (803) 253-7542

Serves:

Fairfield, Lexington, Newberry
and Richland Counties

State Long Term Care
Ombudsman Office
Lt. Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201
(803) 734-9900 / 1-800-868-9095
Fax: (803) 734-9887



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What is an Ombudsman?

- “Ombudsman” (pronounced ombudz-man) is a Swedish word that means citizen representative.
- An ombudsman works to increase the responsiveness of organizations to the people they serve.

What is a Volunteer Ombudsman?

- A Volunteer Ombudsman make regular visits to facilities to talk with residents and their families.
- Their primary focus is to provide information about the Resident Bill of Rights, the Ombudsman Program, make observations and advocate as necessary. Volunteer Ombudsman are not Certified Long-Term Care Ombudsman Investigators.
- Enjoy helping others, and making a difference in their lives.
- Devoting four hours a week and at least one year volunteer commitment.
- Participates in continuing education/training.
- Participate in resident and family council meetings when requested.
- Reports all problems, concerns and/or complaints to the Long-Term Program staff.

To Become a Volunteer You -

- Must be 21 years of age or older
- Must have a valid driver’s license and transportation
- Must have acceptable verbal, listening, and writing skills
- Must have the ability to maintain confidentiality
- Must be free from conflict of interest
- Must complete a Volunteer Ombudsman Training Program
- Must not use controlled substances
- Must agree to a SLED background check
- Must not have or have had a family member, friend or relative in the facility where you are assigned to

If you are interested in becoming a Volunteer Ombudsman please complete the attached sign-up sheet to the right. For more information please contact:



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VOLUNTEER OMBUDSMAN SIGN– UP SHEET

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

When is the best time to reach you?
Day (s) _____

Time (s) _____

I am interested in providing the following to our seniors and vulnerable adults in Long-Term Care Facilities:

