

TOA

1995 Board  
Call

includes

Membership

application

**TOA Application  
1995**

*Answer all of the questions completely - even if this is a renewal. Feel free to add explanatory notes, comments, or attach and refer to relevant material(s). Please type or print your responses.*

This is a: ( ) Renewal ( ) New Application

I am applying for: ( ) Member Status ( ) Associate Status

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: ( )

FAX NUMBER: ( )

EXPERIENCE AS AN OMBUDSMAN: \_\_\_\_\_ Years/Months

1. Are you a designated neutral? ( ) Yes ( ) No

2. Please provide the wording used to specify your neutral designation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Where is your neutral designation specified? (i.e., terms of reference posted in your office or on your door; or included in your contract or in your brochure, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In your practice, do you strictly adhere to TOA's Code of Ethics?  
Yes ( ) No ( )

If you do not strictly adhere to TOA's Code of Ethics do you support and affirm the TOA Code of Ethics for organizational ombudspeople?  
Yes ( ) No ( )

5. Do you offer confidentiality? Yes ( ) No ( )  
If No - please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you maintain confidential privilege of your communications?  
Yes ( ) No ( )  
If No - please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Where is your confidentiality statement advertised? (i.e., posted in your office, defined in your brochure, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you would ever break confidentiality, under what circumstances would this occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have functions other than that of an ombudsman? Yes ( ) No ( )  
If Yes - what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do any of your other functions listed in #9 create a real, perceived, or potential conflict of interest with your ombuds work and/or adherence to the Code of Ethics? Yes ( ) No ( )

If Yes - explain the conflict and how you handle it. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. What kinds of records do you keep? \_\_\_\_\_

\_\_\_\_\_

Who has access to them? \_\_\_\_\_

\_\_\_\_\_

12. Please describe what kind of information you include in written reports, for whom it is intended, and for what purpose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you do formal investigations for the purpose of management decision making or adjudication? Yes ( ) No ( )

If Yes - please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Do you participate in disciplinary hearings? Yes ( ) No ( )

If Yes - please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Is there a member of the TOA Board of Directors who knows how your office operates and who sponsors you? Yes ( ) No ( )

If Yes - who? \_\_\_\_\_

Is this person sponsoring you as a member or an associate? \_\_\_\_\_

I have completed this application accurately to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for taking the time to thoroughly complete this application. Please send this application together with your check (new member and new associate fee: \$175.00; renewal fee: \$85.00 [U.S. dollars] payable to The Ombudsman Association) to:*

**The Ombudsman Association  
5521 Greenville Avenue 104-265  
Dallas, Texas 75206**

**TOA's Federal Tax ID#: 06-1221115**



Department of Distinctive Collections  
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[libraries.mit.edu](http://libraries.mit.edu)



The remaining contents of this folder have been redacted.

If you would like to see the full folder, please email the

Department of Distinctive Collections at

[distinctive-collections@mit.edu](mailto:distinctive-collections@mit.edu)