



Midwest Geriatrics, Inc.

Florence Home Healthcare • Royale Oaks Assisted Living
 House of Hope Assisted Living • House of Hope Alzheimer's Care
 Transitions Day Program • Senior Health Foundation • Gerimed/Unimed Pharmacies

Volunteer Services Application

Florence Home
 Healthcare & Rehabilitation
 7915 North 30th Street
 Omaha, NE 68112
 402-827-6000

Royale Oaks Assisted Living
 House of Hope Assisted Living
 House of Hope Alzheimer's Care
 4801 North 52nd Street
 Omaha, NE 68104
 402-557-6860

Today's date: _____

Adult (18+)

Teen (14-18)

| Personal Information | | | |
|----------------------|------------|------------|-------|
| Last name | First name | MI | |
| SS Number | Home Phone | Work Phone | |
| Address | | | |
| City | State | ZIP | Email |

| Emergency Contact | | | |
|-------------------|------------|------------|-------|
| Last name | First name | MI | |
| Relationship | Home Phone | Work Phone | |
| Address | | | |
| City | State | ZIP | Email |

| Education and Work Experience | |
|--|---|
| Current Employment Status | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is/was your occupation? _____ | |
| Business Name & Address: _____ | |
| Are you currently a student? <input type="checkbox"/> Jr. High/Middle School <input type="checkbox"/> High School <input type="checkbox"/> College (full or part time) | |

| Please Select At Least One Personal Interest |
|--|
| <input type="checkbox"/> 1 on 1 Interaction with Residents |
| <input type="checkbox"/> Exercise/Rehabilitation |
| <input type="checkbox"/> Music/Singing |
| <input type="checkbox"/> Art/Crafts/Scrapbooking/Sewing |
| <input type="checkbox"/> Board Games/Video Games |
| <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Sports/Fishing/Gardening |
| <input type="checkbox"/> Fundraising/Event Planning |
| <input type="checkbox"/> Marketing/Social Media |
| <input type="checkbox"/> Nursing Services |
| <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Administrative/Office Assistance |
| <input type="checkbox"/> Other: _____ |

| Please check the boxes for the days and times you are most often available to volunteer | | | | | | | |
|---|-----|-----|------|-----|-----|-----|-----|
| | SUN | MON | TUES | WED | THU | FRI | SAT |
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

| Volunteer History |
|--|
| Have you volunteered your time at another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, where? _____ |
| What were your responsibilities? _____ _____ _____ |

Personal References

| | |
|--------------|--------------|
| Name | Phone Number |
| Relationship | |

| | |
|--------------|--------------|
| Name | Phone Number |
| Relationship | |

Is there an agency, school, or anyone that will need documentation of your volunteer hours? Yes No

If yes, Send to: _____ Address: _____

Why is this documentation needed? _____

Do you have a record of child abuse or dependent adult abuse? Yes No

If yes, please give a date, location and disposition of your case: _____

Have you been convicted of a felony within the last 12 years? Yes No

If I am being requested to provide documentation of these volunteer hours, I have indicated it on this application. If accepted as a volunteer, I agree to inspire the individuals I serve to live life to the fullest as they age and provide service in accordance with the Core Values of Midwest Geriatrics, Inc. I will respect the rights of residents by not discussing confidential information that I might obtain through my volunteer assignments at the healthcare family of Midwest Geriatrics. I understand that I am not receiving any monetary compensation for my time serving as a volunteer.

Signature: _____ **Date:** _____

Thank you for your interest in volunteering at the care communities of Midwest Geriatrics, Inc.!

FOR OFFICE USE ONLY

| Background Checks | Sent | Received |
|----------------------------|------|----------|
| Adult/Child Abuse Registry | | |
| Sex Offender Registry | | |
| Criminal Background | | |

| | |
|---------------------|-------------|
| Initial Assignment: | Supervisor: |
|---------------------|-------------|

Notes: