



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

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

Today's date: _____ Adult (18+) Teen (14-18) Child (13 & under)

Personal Information			
Last name	First name	MI	
Phone #	Alternate #	E-mail	
Address			
City	State	ZIP	Birthday (Month/Day)

Emergency Contact			
Last name	First name		
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 _____	
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 Area of Interest
<input type="checkbox"/> Administrative / Office Assistance
<input type="checkbox"/> Arts / Crafts / Scrapbooking / Sewing
<input type="checkbox"/> Nursing Services
<input type="checkbox"/> Cooking / Baking
<input type="checkbox"/> Environmental Services
<input type="checkbox"/> Fundraising / Event Planning
<input type="checkbox"/> Board Games / Video Games
<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Music & Memory Program
<input type="checkbox"/> Pastoral Care
<input type="checkbox"/> Performance
<input type="checkbox"/> Physical Activities
<input type="checkbox"/> Resident Companion
<input type="checkbox"/> Any Interest / 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 8am-12pm							
Afternoon 12pm-4pm							
Evening 4pm-8pm							

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? _____ _____ _____

Why are you interested in volunteering for our organization?

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

If yes, Send to: _____

Address: _____

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 any felony or misdemeanors of theft, assault, or abuse 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 from Midwest Geriatrics, Inc. or its affiliates for my time serving as a volunteer.

Signature: _____ Date: _____

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

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

Initial Assignment:	Supervisor:
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Notes: