



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 Group 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: _____ # of Adults (18+) _____ # of Teens (14-18) _____

Group/Organization Name: _____

Contact Information

Last name _____ First name _____

Work Phone _____ Alternate Phone _____

Organization Address: _____

City _____ State _____ ZIP _____ Email _____

Please Select At Least One Group 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: _____

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?

To your knowledge, does anyone in your group have a record of child abuse of dependent adult abuse? Yes No

To your knowledge, has anyone in your group been convicted of a felony within the last 12 years? Yes No

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

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

Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Initial Assignment: _____ Supervisor: _____

Notes: _____