



Warm Valley Lodge

Assisted Living • Life Celebrated • Independence Respected

Activities Volunteer Application Form

Name: _____

Pronouns: ___ He/Him ___ She/Her ___ They ___ Other: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Alt Phone #: _____

Schedule Preference (Please check appropriate days/times)

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Volunteer Activities of Interest (Please check all that apply)

Assisting/leading with group and individual programs in the following areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing & Dancing | <input type="checkbox"/> Bible Study |
| <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Hair/Nails |
| <input type="checkbox"/> Holiday/Festive Parties | <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Exercise Class |
| <input type="checkbox"/> Bingo (calling/assisting) | <input type="checkbox"/> Jigsaw puzzles | <input type="checkbox"/> Walks |
| <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Movies | <input type="checkbox"/> Current Events |
| <input type="checkbox"/> Poetry/Creative Writing | <input type="checkbox"/> One on One Visits | <input type="checkbox"/> Group Projects |
| <input type="checkbox"/> Trivia | <input type="checkbox"/> Life Story Interviews | <input type="checkbox"/> Baking/Cooking |
| <input type="checkbox"/> Reading to Residents | <input type="checkbox"/> Needlework/Knitting/Crochet | <input type="checkbox"/> Organizing |

Other: _____

**All volunteer activities must be performed with supervision from WVL staff due to State of Wyoming regulations.*



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Emergency Contact

Name: _____

Relationship: _____ Phone #: _____

All residents, families, staff, and volunteers have the right to privacy and respect in their personal lives and their experience at WVL. All information obtained while volunteering at WVL is to remain confidential and not to be shared outside of the facility, which includes social media or any other electronic forms of communication. WVL adheres to all HIPPA rules and regulations, and no information is disclosed unless it is on a need-to-know basis. Any concerns or conflicts while volunteering need to be communicated to the Activities Director, the Assistant Activities Director, or the Administrator immediately. Please sign below that you understand the above statement and please feel free to ask any questions as needed.

Printed Name

Signature

Date



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Volunteer Photographic Release

Please mark one and sign below.

- I DO grant permission for Dubois Assisted Living, Inc. to use all photographs, voice recordings, or video taken of me while performing duties as a volunteer of Dubois Assisted Living, Inc. by an agent from Dubois Assisted Living, Inc.

These recordings, pictures, etc. may be used by Dubois Assisted Living, Inc. and/or others for the purpose of illustration, advertising, publication, and promotion related to the mission of Dubois Assisted Living, Inc. **These recordings, photographs etc. must be approved by myself and the administration before it is posted on any platform. Approval must be made every time a said photograph is posted.**

I reserve the right to revoke this release at any time in written form. I release Dubois Assisted Living, Inc. from liability for any claims me or any third-party provider with my participation.

- I DO NOT grant permission for anyone to take photographs, voice recordings, or video of me for any reason.

Volunteer Name (print): _____

Volunteer Signature: _____

Date: _____