

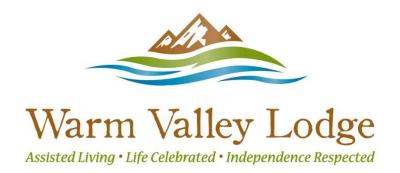
| | | | Activ | ities | | | | | |
|----------------------------|---------------------|-------------|-----------------------------|--------------|------------|----------------|-------|--|--|
| Volunteer Application Form | | | | | | | | | |
| | | | | | | | | | |
| Name: | | | | | | | | | |
| Pronouns: _ | He/Hin | nShe | /Her | They | Other: | | | | |
| Address: | | | | | | | | | |
| City: | | | Zip Code: | | | | | | |
| Phone: | | | | | | | | | |
| | | | | 11101111011 | | | | | |
| Schedule Pi | roforonco | (Dlagga ch | ook a nnr a | printa dave | timos) | | | | |
| Schedule 1 i | | | | | | CATE | CLINI | | |
| 3.4 | MON | TUES | WED | THUR | FRI | SAT | SUN | | |
| Morning | | | | | | | | | |
| Afternoon | | | | | | | | | |
| Evening | | | | | | | | | |
| | | | | | | | | | |
| <u>Volunteer A</u> | <u>Activities (</u> | of Interest | (Please c | heck all tha | t apply) | | | | |
| Assisting/lea | ading with | group and | l individua | al programs | in the fol | llowing ar | eas: | | |
| | | | | | | | | | |
| Arts & Crafts | | | Singing & Dancing | | | Bible Study | | | |
| Painting/Drawing | | | Listening to music | | | Hair/Nails | | | |
| Holiday/Festive Parties | | | Board/Card Games | | | Exercise Class | | | |
| Bingo (calling/assisting) | | | Jigsaw puzzles | | | Walks | | | |
| Letter Writing | | | Movies | | | Current Events | | | |
| Poetry/Creative Writing | | ng _ | One on One Visits | | | Group Projects | | | |
| Trivia | | | Life Story Interviews | | | Baking/Cooking | | | |
| Reading to Residents | | _ | Needlework/Knitting/Crochet | | | Organizing | | | |
| Other: | | | | | | | | | |

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



Emergency Contact

| Name: | |
|--|--|
| Relationship: | Phone #: |
| their personal lives and a volunteering at WVL is to facility, which includes so communication. WVL addinformation is disclosed conflicts while volunteer the Assistant Activities Expression at the solution is discovered to the solution in | f, and volunteers have the right to privacy and respect air experience at WVL. All information obtained while remain confidential and not to be shared outside of the ial media or any other electronic forms of res to all HIPPA rules and regulations, and no less it is on a need-to-know basis. Any concerns or a need to be communicated to the Activities Director, ector, or the Administrator immediately. Please sign the above statement and please feel free to ask any |
| Printed Name | |
| Signature | |



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: | | |