



# Volunteer Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you become interested in Valley?

Hobbies, interests, special skills, languages:

Do you need any special accommodations in order to successfully volunteer with us? If yes, what?

Why do you want to volunteer?

## Availability/Interests

### Time of Day

- No preference
- Morning
- Afternoon
- Evening

### Day of Week

- No preference
- Monday
- Tuesday
- Wednesday
- 
- Thursday
- Friday
- Saturday
- Sunday
- 

**Please indicate what types of activities are of interest to you:**

- 1:1 visits with residents
- Group activities
- Pet Visits
- Outing Helper
- Manicure/Beauty Shop
- Music
- Worship
- Other: \_\_\_\_\_

### Background Check Acknowledgement

*I understand that Valley Care & Rehab is required to perform DHS/criminal background checks on applicants for positions that have direct contact with vulnerable adults which may render an applicant ineligible for a position.*

Yes  No

### Photo Release Permission

I hereby authorize Valley Care & Rehab, hereafter referred to as "Company" to publish photographs taken of me and my name and likeness, for use in Valley Care & Rehab print, online, and video-based marketing materials as well as other Company publications.

I hereby release and hold harmless Valley Care & Rehab from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Valley Care & Rehab, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to volunteering, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child is applying to volunteer at Valley Care & Rehab with my knowledge and approval.

Parent/Legal Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

If not applying online through our website, please save your application as a document and email or send to the address listed on the webpage of the location where you are interested in volunteering.

**Valley Care and Rehab:  
"Friends and family caring for friends and family"**