



GARDENHOUSE
MORRO BAY

VOLUNTEER FORMS

WWW.GARDENHOUSEMORROBAY.ORG

Life for Mature Adults
Including those with Alzheimer's and other dementias
A division of Mature Adult Day Assistance a 501 (c) (3) non-profit corporation

480 Main St
Morro Bay, CA 93442
(805) 772-7181 FAX (805) 772-7762
License #405800862

PLEASE RETURN THESE FORMS TO JODY@GARDENHOUSEMORROBAY.ORG
YOU WILL NOT BE SCHEDULED UNTIL THE FORMS ARE RECEIVED.
PLEASE ALLOW UP TO 7 DAYS PROCESSING TIME.

Name: _____ Date: _____
Address: _____
E-Mail: _____ Phone: _____

I AM INTERESTED IN: (CHECK ALL THAT APPLY)

Check Box	ACTIVITY OF INTEREST	
<input type="checkbox"/>	Visiting with Residents/playing games	Other (Please explain below)
<input type="checkbox"/>	Helping with a craft, art project	
<input type="checkbox"/>	Playing music/singing with Residents	
<input type="checkbox"/>	Reading to and with Residents	
<input type="checkbox"/>	Bring a presentation or show and tell	
<input type="checkbox"/>	Yard work/Gardening/ or another outside project	
<input type="checkbox"/>	Taking a Resident for a drive/outing	
<input type="checkbox"/>	Helping in the kitchen	

Have you ever been convicted of a crime? Y N
Do you have any communicable disease? Y N
Do you need your volunteer hours documented? Y N

Please tell us about why you want to volunteer at Garden House:

What days and times are you available to volunteer? _____

Total hours need to be completed: _____

How many hours would you like to work at one time? _____

How did you hear of us? _____

For Office Use Only – Contact Date: _____	Initials: _____
Notes: _____	

WAIVER OF LIABILITY

NO LIABILITY/INDEMNIFICATION/HOLD HARMLESS: Mature Adult Day Assistance, Inc., dba; Garden House does not assume liability for personal injury or the loss, theft, or damage to personal property while visiting or volunteering at Garden House. Garden House requests upon entering that Resident, Family, Visitor or Volunteer not be in possession of personal property, including jewelry or electronic devices that is valued at greater than \$50.00. We will make every attempt to contact you if we find lost objects, however, we are not responsible for items, ie; cell phones or other mobile devices left behind.

Volunteers agree to indemnify and hold Mature Adult Day Assistance Inc. dba; Garden House, it's staff members and officers of the board, harmless for any liabilities, personal injury, theft, damage, cost or expense whatsoever arising from or related to any claim or litigation which may arise out of or in connection with personal injury or loss of personal property belonging to the Volunteer who may visit Garden House.

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

IF VOLUNTEER IS UNDER THE AGE OF 18:

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

AUTHORIZATION TO USE PHOTOS/VIDEO IMAGES FOR VOLUNTEERS

Volunteer's Name: _____ Date: _____
(Please print)

We take photos during events that you may be participating in while you are volunteering at Garden House. We would like to request your consent to use your image in photos or video that may be used on our website/ Facebook page or to be posted or re-printed in other marketing materials used to promote Garden House and its Residents. **Your name will not be used or printed on the Internet or marketing materials.**

VOLUNTEER

- Yes.** I give my consent for Garden House, (Mature Adult Day Assistance) to use my image in photos on our website/ Facebook page or to be posted or re-printed in other marketing materials used to promote Garden House and its Residents.
- No. I *do not*** give my consent for Garden House, (Mature Adult Day Assistance) to use my image in photos on our website/ Facebook page or to be posted or re-printed in other marketing materials used to promote Garden House and its Residents.

Volunteer Signature: _____

**“People may not remember what you said or did,
but they will remember how you made them feel”**



Garden House, Morro Bay

www.gardenhousemorrobay.org