



Debra Miktus
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COLLEGE AGE VOLUNTEER APPLICATION

Date: _____

Name: _____ Male Female
Last First Middle (circle one)

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Date of Birth: _____ Referred by: _____

College: _____ Major: _____ Year of graduation: _____

Graduate School: _____ Major: _____ Year of graduation: _____

Previous Volunteer Work: _____

Type of Volunteer Work Preferred: _____

Day(s) and Time(s) Available: _____

Special skills, interests and hobbies: _____

Physical Limitations: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Have you ever been convicted of a crime which has not been expunged or sealed by a Court? ___ If so, when? _____

Signature: _____ Date: _____