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## ADULT VOLUNTEER APPLICATION

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

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss

\_\_\_\_\_

Last Name First Middle

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referred by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Education and/or Special Training: \_\_\_\_\_

Foreign Language(s) Spoken: \_\_\_\_\_ Sign Language: \_\_\_\_\_

Previous Volunteer Work: \_\_\_\_\_

Community Affiliations: (Clubs, Church, etc.) \_\_\_\_\_

\_\_\_\_\_

Type of Volunteer Work Preferred: \_\_\_\_\_

Day(s)/Time(s) Preferred: \_\_\_\_\_

Special skills, interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

Physical limitations: \_\_\_\_\_

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

Have you ever received disciplinary action for an incident related to neglect or maltreatment of a patient/resident? If so, when? \_\_\_\_\_ A criminal conviction/disciplinary action will not necessarily be a bar to volunteering. To help us evaluate your application, please describe the nature of the crime or action and your subsequent rehabilitation: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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