



2381 Lawrenceville Road  
Lawrenceville, NJ 08648-2024  
609-896-9500  
[www.slrc.org](http://www.slrc.org)

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Dear Summer Junior Volunteer Applicant:

Thank you for your interest in volunteering at St. Lawrence Rehabilitation Center. Volunteering can be a very rewarding and fulfilling experience.

Applications are accepted from juniors, beginning at age 14 and entering the ninth grade. Applications will be accepted on a first come, first serve basis so it is important to submit the following items early in the calendar year:

- Junior Application;
- Signed Junior Volunteer Agreement;
- One Letter of Reference; and
- A brief personal essay, explaining your reason for volunteering and what you hope to gain from your volunteer experience.

There are a few things that you should consider before filling out your application. Please be certain that you are ready to make the minimum commitment of at least four hours per week, eight weeks between June through August. Evaluate your current obligations at home and school and discuss this additional time commitment with your parent or guardian. Patients and staff will be counting on you to be present. It is very important the Summer Junior Volunteers be dependable and treat their assignments seriously.

Before beginning your volunteer assignment, you will be required to attend a mandatory Volunteer Orientation Session which will last approximately two hours. You will also need to provide proof of a two step Tuberculin Skin Test prior to starting. This documentation can come from another volunteer facility or medical center that has administered the test to you within the last year, or from your personal physician.

Once you have successfully completed the Summer Junior Volunteer program, you will receive a certificate specifying your volunteer hours.

We look forward to receiving your completed application. We will evaluate it, assess our volunteer needs, and contact you as soon as possible.

Sincerely,  
Marlene Stankus,  
Director of Volunteers



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## **Summer Junior Volunteer Agreement**

Name: \_\_\_\_\_

By signing this agreement, I accept the responsibility of making a commitment to St. Lawrence Rehabilitation Center and agree to the following:

- ✓ I am at least 14 years of age and entering the ninth grade
- ✓ I will volunteer for a minimum of four hours per week, eight weeks between June and August.
- ✓ I will attend the mandatory Volunteer Orientation Session. (approximately 2 hours)
- ✓ I will always dress in the appropriate manner during my shift, (Volunteer shirt, neat and clean clothes; long slacks, and closed toe shoes, unless otherwise instructed by my specific department head,) and wear my Junior Volunteer Badge in a clearly visible manner.
- ✓ I will maintain good attendance and notify my supervisor of any absences as soon as possible. I understand that excessive absences will not be tolerated.
- ✓ I will maintain strict confidentiality of all patient and center information I may learn while I am a volunteer.
- ✓ I realize that I will be representing St. Lawrence Rehabilitation Center and will perform my service with dedication and respect.

If I fail to abide by the terms of this agreement, I will not be eligible for a Certificate and may be dismissed from volunteering.

Junior Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Marlene Stankus  
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Lawrenceville NJ 08648

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### JUNIOR VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_ Male Female  
Last First Middle (circle one)

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

High School: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Career Interest: \_\_\_\_\_

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

I am available: \_\_\_\_\_ School Year \_\_\_\_\_ Summer \_\_\_\_\_ Winter Break \_\_\_\_\_ Spring Break

Volunteer Work Preferred: \_\_\_\_\_

Day(s) and Times (s) Preferred: \_\_\_\_\_

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

Physical Limitations: \_\_\_\_\_

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

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

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

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

**Parental Permission: I hereby give my permission for my child to perform volunteer service at St. Lawrence Rehabilitation Center. I understand the responsibilities involved and will support my child in complying with the volunteer requirements, including obtaining a two-step Tuberculosis Test.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_