



Marlene Stankus
 Director of Volunteers
 2381 Lawrenceville Road
 Lawrenceville, NJ 08648-2024

609-896-9500 EXT. 2241 Voice
 609-896-1556 Fax
 www.slrc.org Web

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: _____

Would you be willing to be in Interpreters Bank? ___ Yes ___ No

Previous Volunteer Work: _____

Community Affiliations: (Clubs, Church, etc.) _____

Volunteer Work Preferred: ___ Patient Contact ___ Non-Patient Contact

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: _____