



Marlene Stankus
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JUNIOR VOLUNTEER APPLICATION

Date: _____

Name: _____ Male Female

Last First Middle

Address: _____

Street City State Zip

Phone: _____ E-mail: _____

Date of Birth: _____ Referred by: _____

High School: _____ Year of graduation: _____

Career Interest: _____

Previous Volunteer Work: _____

Transportation to/from SLRC: _____

I am available: _____ School Year _____ Summer _____ Winter Break _____ Spring Break

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

Day(s) Preferred: _____ Time(s): _____

Special skills, interests and hobbies: _____

Physical Limitations: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Parental Permission: I hereby give my permission for my son/daughter to perform volunteer service at SLRC. I understand the responsibilities involved and will cooperate with my son/daughter to comply with his/her volunteer duties. Volunteering requires a weekly commitment of at least three hours per week.

Signature: _____ Date: _____