



Ann Romaly San Juan, ADC
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JUNIOR VOLUNTEER APPLICATION

Date: _____

Name: _____

In Emergency Notify: _____ Relationship: _____

Phone No: _____ Year of Graduation: _____

Address: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Limitations (if any): _____

Career Interest: _____

List Special Skills, interests, and hobbies: _____

Transportation to/from Morris Hall provided by: _____

When Available: School Year Summer Both

Day(s)/Time preferred:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Previous Volunteer work: _____

Volunteer work preferred: Residents Contact Minimal-residents Contact:

Parent's Permission: I hereby give my permission for my daughter/son to perform volunteer services at Morris Hall. I understand the responsibilities involved and will cooperate with my daughter/son to comply with their volunteer duties.
Volunteering at Morris Hall requires a weekly commitment of no less than three (3) hours per week.

Parent's Signature: _____ Date: _____

Student's Signature _____ Date: _____