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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: _____