



Companion Animal Advocates  
P.O. Box 61  
Hillsdale, NJ 07642  
201-706-7666  
Patty@CompanionAnimalAdvocates.org

## Junior Volunteer Application

Please PRINT answers to all questions.

Name \_\_\_\_\_  
First Middle Last Nickname

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager/Cell (optional) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

E-mail \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_ Number to reach them: \_\_\_\_\_

Have you talked to your parents about your intended involvement with CAA?: \_\_\_\_\_

How would you like to get involved with Companion Animal Advocates?

---

---

Are there volunteer requirements you are fulfilling for school, etc. that CAA should be aware of?

---

---

How you heard about Companion Animal Advocates?

---

---

Availability? (days/weekends/hours?)

---