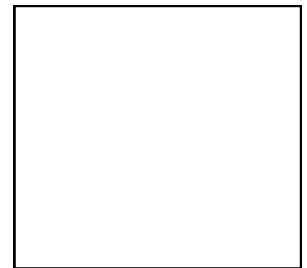




Companion Animal Advocates
P.O. Box 61
Hillsdale, NJ 07642
201-706-7666
Patty@CompanionAnimalAdvocates.org



Volunteer Application

Please PRINT answers to all questions.

Name _____
First Middle Last Nickname

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Pager/Cell (optional) (____) _____ - _____

Employer (Company) _____ Occupation/Position _____

Work Phone (____) _____ - _____ Facsimile Number (____) _____ - _____

E-mail _____

What skills/talents would you like to implement with Companion Animal Advocates?

Ideas/Programming you would like to introduce Companion Animal Advocates to?

Past experience working with other animal advocacy groups/rescues/shelters, etc.?

How you heard about Companion Animal Advocates?

Availability? (days/weekends/hours?)

Other things you would like to share with us about you?

Please sign if accurate

I certify that I have never been convicted of any crime, misdemeanor or disorderly persons offense and do not have any criminal proceedings pending against me.

I understand that this enrollment does not obligate me to become a volunteer with Companion Animal Advocates nor does it obligate Companion Animal Advocates to use me as a volunteer. It is intended as preliminary information. Additional information will be obtained later. I am 18 years of age or older. If I plan to drive for volunteerism, I have insurance for my automobile that I will keep in effect while I am a volunteer with Companion Animal Advocates if accepted.

Signed: _____ Date _____