

Junior Volunteer Profile

Contact Person: Shannon Bertino

Website: www.hsacvet.com

Email: sbertino@hsacvet.com

Date: _____

Last Name: _____ First Name: _____

Age: _____ Parent / Guardian Name: _____

Address: _____

State: _____ Zip Code: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

1st Phone #: _____ 2nd Phone #: _____

Any Allergies, Medical Conditions, or Diet Restrictions? YES NO

If yes please explain: _____

Tell us of your special interests, skills or talents:

Would you prefer to:

Work with: Cats / Kittens _____ Dogs / Puppies _____

Help at off-site events _____ Work from home _____

Please note that junior Volunteers must be at least the age of 13 to participate and all volunteers under the age of 16 must be accompanied by a parent or guardian while volunteering.

Signature of Volunteer

Signature of Parent/Guardian

****Please mail to the mailing address listed on the bottom of this form or send as an email attachment to info@hsacvet.com ****

You will be contacted as soon as possible to set up an orientation session.

Thanks for your interest and continued support of the Humane Society of Atlantic County.

For Office Use Only:

Date Received: _____ Received By: _____

Date of Orientation: _____