Junior Advocate Sign Up Form

•	Name of Junior Advocate (Child under 18)*
First N	ame
Last N	ame
•	Name of Caregiver*
First N	ame
Last N	ame
•	Email of Junior Advocate (if applicable)
•	Email of caregiver*
Street	Address
Street	Address Line 2
City &	State
Postal	/ Zip Code
•	Phone Number of Junior Advocate
•	Phone Number of Caregiver*
•	Jr. Advocate's School*
•	Please circle how would you prefer to communicate with the group admin?
	(you may select more than one)*
Faceb	ook Group
Google	e Chat app
Group	Me app
Group	email
Group	text message
Doesn	't matter to me
	 Any thing else you'd like us to know?

