



# Lions Club of Brisbane – Camp Hill Carindale Inc.

## COMMUNITY SERVICE REGISTER REGISTRATION

### VOLUNTEER INFORMATION

Name:		
Date of birth:	Email:	
Address:		
City:	State:	Post Code:
Phone (W):	Phone (H):	Mobile:

### EMPLOYMENT INFORMATION

Current employer:

Position:

### EMERGENCY CONTACT

Address:		Phone:
City:	State:	Post Code:

Relationship:

### SPOUSE INFORMATION

Name:

### CHILDREN

Name(s)	Age(s)

PLEASE TURN OVER AND COMPLETE REVERSE SIDE OF FORM.

Post to: The Secretary,  
PO Box 39,  
Carina QLD 4152



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DETAILS	
Do you have a current Queensland " Working with Children " Card (Blue Card)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide No and Expiry Date:	
Would you like to be notified of Club Social Functions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to assist in Fund Raising Events (Dinners, Movie Nights, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to assist with club Sausage Sizzles to help in Fund Raising	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to assist in selling Raffle Tickets for Club projects	<input type="checkbox"/> Yes <input type="checkbox"/> No
I know other people which would like to sign on to the Register	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXTRA INFORMATION YOU MAY WISH TO ADD.	
SIGNATURE	
Signature of applicant:	
Date:	

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