



Essential support

Event Volunteer Application Form

About you		
Title:	First Name:	Surname:
Residential Address:		
Suburb:	State:	Postcode:
Postal Address if different to above:		
Suburb:	State:	Postcode:
Phone/Mobile:	Email:	
Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	
Do you identify as Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your emergency contact		
Name:	Relationship:	
Phone:	Mobile:	
Blue Card		
Do you have a current Blue Card: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details: Card Number: _____ Expiry Date: _____		
How did you hear about the program? <input type="checkbox"/> Website <input type="checkbox"/> Media <input type="checkbox"/> Friend <input type="checkbox"/> Current Volunteer <input type="checkbox"/> Other		
Please list any information that may affect your volunteering on a separate page. Alternatively, please discuss this in private with the Volunteer Coordinator.		
Are you able to undertake tasks involving lifting and carrying at events? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature		
Name:	Signature:	
Date:		
Submitting your application		
Online: www.brighterlives.org.au		
Email: brighterlives@health.qld.gov.au		
Post: Brighter Lives, PO Box 670, IMB 84, TOWNSVILLE QLD 4810		
Privacy Statement		
Information from this application will be stored by Brighter Lives and not shared with any other parties unless approved in writing by you, the applicant. View our Privacy Statement at www.brighterlives.org.au .		

Brighter Lives. Here for you. Here for NQ.

Ground Floor, Townsville University Hospital, 100 Angus Smith Drive, Douglas Qld 4814

PO Box 670, IMB 84, Townsville Qld 4810

07 4433 1337 brighterlives@health.qld.gov.au Brighterlives.org.au

Office use only

Date received:

Date entered in CRM: