

Crows Supporters Group Sub-committee Registration Form

SURNAME:	GIVEN NAME:	
ADDRESS:		POSTCODE:
TELEPHONE: (H)	(w)	(M)
EMAIL ADDRESS:		D.O.B.:
AVAILABILITY		
Optional Questions: Do you have	e a Drivers Licence? YES / NO and Car?	YES / NO
Optional Questions: Do you have	e current Police Clearance? YES / NO and	DCSI Clearance? YES / NO
	What Areas of Volunteering are you Intere	ested In
	(Please Tick)	
CSG Functions:		
☐ Toyota BBQ's	☐ Sportsman's Dinner	☐ AFC Functions
Game Day:		
☐ Raffle Ticket Sales	☐ Merchandise Sales/Setup	□ Property
☐ Car Park Attendant	☐ Bay Marshall	(pre & post game)
Do you have skills / experience in	n these areas? Yes / No. If yes, please su	ımmarise:
certificate once completed via th	complete City of Charles Sturt food handli e following link: odsafety/training/welcome.php?sub=charl	
Comments:		
Signature of Applicant:		Date: