

CHAIR CITY LIONS

VOLUNTEER REGISTRATION FORM

REGISTRATION INSTRUCTIONS

Please complete this electronic form by tabbing to each form field. When finished, save this document to your computer, and e-mail the completed form to chaircitylions.fbdirector@gmail.com.

YOUR CONTACT INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE NUMBER:

HOME PHONE NUMBER:

EMAIL:

LAST SIX DIGITS
SOCIAL SECURITY #:
(needed for CORI)

Date of Birth

POSITION

Which position are you
volunteering for?

Please describe your experience, strengths and reasons for volunteering.

***** FOR ADMINISTRATIVE USE ONLY *****

Paperwork Received:

TakleSure

CPR

CORI

Heads Up

ASAP