JPs in the Community Program Volunteer Registration Form

Given nar	me/s:		·		Surname:				
Preferred name:			JP/CDEC registration number:			er:			
		Phone:			Mob	ile:			
Fluent language/s other than English:						Length of active service			
	ails				as a JP/CI	JEC:			
		Last name:			Contact n	umbe	r:		
nmunity	orogram								
Signing site: (preferred location/s)									
lability:									
			unsure of size, please select one size larger (Black or White)			ference:			
(Slim fit design) Is there anything that may affect your ability to volunteer? (Black or White)									
lunteering	g:								
e to be m	entored i	n your role?							
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The Department of Justice and Attorney-General is committed to ongoing quality improvement. In line with our obligations under the Information Privacy Act 2009 (Qld) we will only use the information collected for the purpose of managing your involvement in the JPs in the Community Program. For further information about our handling of your personal and sensitive information, please call us on 1300 301 147, or refer to our website at https://www.qld.gov.au/legal/privacy.

