



# Registration Form - VOLUNTEER

Thank you for giving up your time to support Wilston State School P&C Association.

**DATE OF REGISTRATION**

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## PERSONAL INFORMATION

Full Name :

Email :  Phone Number:

Emergency Contact  
Name:  Phone Number:

## AREA/S OF INTEREST AND AVAILABILITY

Please Circle

<u>Area:</u>	<u>Availability:</u>	<u>Preferred Day:</u>
Tuckshop	Weekly	Monday
Uniform Shop	Monthly	Tuesday
Events	Casual/On Call	Wednesday
Swim Club	One off	Thursday
Committee		Friday

Do you have any health concerns that we should know about? If Yes please explain:

Do you have any additional areas of expertise that you are happy to share. Are you happy for us to call on you if we need relevant assistance with this?

Are you a parent of a student at Wilston State School? If not, please provide your Blue Card Number (this is a legal requirement):



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## DECLARATION AND PRIVACY STATEMENT

The information I have given on this form is true and correct. I declare I have not been engaged in any criminal activity or had any criminal convictions or have any criminal prosecutions pending.

The Queensland Information Privacy Act 2009 Personal information about you on your Registration Form is confidential and will be stored on the Wilston State School P&C volunteer database available to executive members and management. It will only be used for the purpose of your role as a volunteer in this organisation. If you ask us in writing, when you leave our organisation, we will remove your details from our database with the information retained as required by law.

Signature:

Printed Name:

DATE

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Register Signature

Officer Signature

**THANK YOU**