

VOLUNTEER DETAILS FORM

Eatons Hill State School P&C Association
ABN: 62 409 482 627



PERSONAL DETAILS

Full Name:

Date of Birth: / /

Gender: Male Female

Street Address:

City:

State:

Post Code:

Home Phone #:

Mobile Phone #:

Email Address:

Relationship to School: Parent of child currently attending EHSS Staff Other
All 'Other' relationships will require a Blue Card before you can begin volunteering.

Children's Names & Classes at EHSS:

EMERGENCY CONTACT

Full Name:

Relationship:

Street Address:

City:

State:

Post Code:

Home Phone #:

Mobile Phone #:

HEALTH AND MEDICAL INFORMATION

Do you suffer from any medical conditions? Yes No

Please provide details:

Do you suffer from any severe allergies? Yes No

If yes, please provide details:

OFFICE USE ONLY

Blue Card Required: Yes No
If yes, date submitted:

Blue Card #:
Expiration Date:

EHSS Training Completed:

Notes:

Code of Conduct Signed: