



Mackay West State School P&C Association

P&C Volunteer Details Form

To be completed and submitted to P&C secretary  
[pandc@mackwestss.eq.edu.au](mailto:pandc@mackwestss.eq.edu.au)

**P&C Volunteer/ Employee Details**

Date:

|  |                      |                        |
|--|----------------------|------------------------|
| <b>Name</b>  |                      |                        |
| <b>Address</b>   |                      |                        |
| <b>Phone</b>   | <b>Home</b>          |                        |
|  | <b>Mobile</b>        |                        |
| <b>Email</b>   |                      |                        |
| <b>Position</b>  |                      |                        |
| <b>Children attending MWSS</b>   |                      |                        |
| <b><u>Emergency Contact</u></b>  |                      |                        |
| 1  | <b>Name:</b>         | <b>Contact Details</b> |
|  | <b>Relationship:</b> |                        |
| 2  | <b>Name:</b>         | <b>Contact Details</b> |
|  | <b>Relationship:</b> |                        |
| <b><u>Relevant Health Details</u> Notification of any medical conditions and/or critical health issues (e.g. extreme allergy, diabetes, asthma):</b> |                      |                        |
| <b><u>Hospital preference</u></b>  |                      |                        |
| <b><u>GP Contact Details</u></b>   |                      |                        |
| Do you expect that any of these conditions will affect your ability to perform your duties? Y/N<br><i>In what way?</i>                               |                      |                        |
| <b>Signature</b>   |                      | <b>Date</b>            |