



2008 PACIFIC SCHOOL GAMES  
CANBERRA

30 November - 6 December

## 2008 Pacific School Games Expression of Interest to Volunteer

Applicant Contact Details
Title: _____ First Name: _____ Surname: _____
Mailing Address: _____
Suburb: _____ State: _____ Postcode: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Age if under 18: _____ Name of School if applicable: _____
Contact Phone: _____ (AH) _____ (BH)
Mobile: _____
Email: _____
Emergency Contact
Title: _____ First Name: _____ Surname: _____
Relationship: _____
Contact Phone: _____ (AH) _____ (BH)
Mobile: _____
Medical Details (Optional)
Do you have a disability or medical condition that would affect your ability to undertake certain duties or which the Volunteer Manager should be aware (eg diabetes, epilepsy)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:
_____
_____

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2008 Pacific School Games | Canberra | ABN 95 825 767 889 002

PO Box 4743, Higgins ACT 2615 | phone 61 2 6205 8388 | fax 61 2 6205 6253 | email jane.mccarty@ed.act.edu.au | web www.pacificschoolgames.edu.au



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**Area of interest**

**Technical Officials**

Please tick the box  below for the sport in which you wish to be a technical official and refer to the specific sport Technical Official Application Form.

Basketball	Diving	Hockey	Swimming	Track & Field

**Event Officials**

Please tick the box  to the right for position/s for which you wish to apply.

<b>Liaison Officers:</b>	
Team Liaison Officer	<input type="checkbox"/>
Venue Liaison Officer	<input type="checkbox"/>
Education Liaison Officer	<input type="checkbox"/>
Operations Liaison Officer	<input type="checkbox"/>

<b>General Administration Roles:</b>	
Registration/Accreditation Centre	<input type="checkbox"/>
Sports Venues	<input type="checkbox"/>
Pre-PSG Administration	<input type="checkbox"/>
Post-PSG Administration	<input type="checkbox"/>

**General Skills** (Eg Languages, Medical/First Aid, IT, Data Entry, Heavy Duty Licence, etc)

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**If you would like to work in a specific sport, please tick the relevant box  below.**

Basketball	Diving	Hockey	Swimming	Track & Field

All information will be held in the strictest confidence.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return these forms as soon as possible to allow us to begin the process of provision of your uniform and your specific area of responsibility. These forms may be returned via fax (02) 6205 6253 or post to:

Ms Trish Thomas  
Volunteer Manager  
2008 Pacific School Games  
PO Box 4743  
HIGGINS ACT 2615

If you have any queries, please contact the 2008 PSG office on (02) 6205 8388 or [info@pacificschoolgames.edu.au](mailto:info@pacificschoolgames.edu.au)