



Volunteer National Police Certificate Consent Form

The WA Police Volunteer National Police Certificate will display all disclosable court outcomes and may not display spent or rehabilitated convictions

SECTION A: Applicant Details

Primary name/ Surname _____ Given names _____

Gender _____ Date of Birth _____

Residential Address _____

Postal address (if not as above) _____

Telephone number/s _____

Previous (OTHER) Australian addresses within last 5 years, and dates (from .. to ..) _____

Previous/Alias/Maiden Names (indicate applicable)

Primary name/ Surname _____ Given names _____

Place Of Birth

Suburb/Town _____ State _____ Country _____

Additional Information

Working With Children Card # (card to be sighted, copy of card to be sent to CO with copies of ID documents)

Motor Drivers Licence # _____

SECTION B: Consent and Indemnity

I certify that I am the applicant named in this form and all details herein provided by me are true and correct. I consent to a check of the records of all Australian Police Jurisdictions and to the acknowledgement of the existence of any court outcomes and/or pending charges being provided to the volunteer organisation as named in this document via a National Police Certificate issued in my name. In consideration of the WA Police releasing an acknowledgement of any court outcomes or pending charges and other relevant matters under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, cost, claims and demands whatsoever which may be brought or made against it or them by anybody or person by reason of or arising out of the reason of any details of any court outcomes and other information recorded against my name purporting to either relate to or concern me.

Volunteer Signature _____

Date _____

SECTION C: Volunteer Agency Verification

I confirm that I have viewed the applicant's ID documents as per the guidelines and verified that the details contained within this form match the ID. I confirm that I am authorised by my organisation to submit volunteer checks on their behalf and that I will enter only the details contained on this form into the VNPC online application.

Volunteer Agency Representative Signature _____

Date _____