

WA Volunteer National Police Certificate Program

Volunteer Organisation Registration Form

Please use this form to register your volunteer organisation for the WA Volunteer National Police Certificate Program. The information you provide will be used by the Department of Communities for the purpose of ensuring organisations are eligible for the program.

If you require assistance with completing this form, please telephone the department   
on 1800 176 888 or email [volunteering@communities.wa.gov.au](mailto:volunteering@communities.wa.gov.au). For alternative formats and more information, please visit the department’s website at [www.wa.gov.au](http://www.wa.gov.au)

For a Translating and Interpreting Service (TIS) telephone 13 14 50.

Organisation details

Please enter details of the volunteer organisation you wish to register for the WA Volunteer National Police Certificate Program.

|  |  |
| --- | --- |
| Organisation or local government authority title: | [Click here to enter text.] |
| Parent body (if applicable): | [Click here to enter text.] |
| Incorporated or other legal status? | Yes  No  If other, please specify: [Click here to enter text.] |
| Community sector (not-for-profit) organisation? | Yes  No |
| Non-government organisation or local government authority? | Yes  No |
| Approximate total number of volunteers in your organisation / local government: | 0-20  21-50  51-80  81-100  More than 100  More than 500 |

Contact person details

|  |  |  |
| --- | --- | --- |
| Contact person’s name: | Mr/Ms/Mrs/Miss/Dr | [Click here to enter text.] |
| Position: | [Click here to enter text.] | |
| Organisation Name: | [Click here to enter text.] | |
| Postal address: | [Click here to enter text.] | |
| Telephone: | [Click here to enter text.] | |
| Email: | [Click here to enter text.] | |

Volunteer Organisation Agreement for National Police Checks for volunteers

[Insert name of volunteer organisation] agrees:

1. to screen volunteers only for the purposes of volunteer activities
2. to ensure proof of identification for volunteers is checked and details are accurate
3. to comply with all WA Police requirements when requesting volunteer clearances
4. not to release any personal information received as part of this program to any third party
5. to comply with the National Privacy Principles (*Commonwealth Privacy Act 1988*).

Signature: [Enter name or sign.] Date: [Enter date.]

Submit this form to:

Department of Communities  
Locked Bag 5000,   
Fremantle WA 6959  
Email: volunteering@communities.wa.gov.au