



WA Volunteer National Police Clearance Program

– Volunteer Organisation Registration Form

Please use this form to register your volunteer organisation for the WA Volunteer National Police Clearance 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 (08) 6551 8700 or toll free for country callers on 1800 620 511 or email volunteering@communities.wa.gov.au. For alternative formats and more information, please visit the department’s website at www.communities.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 Clearance 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 <input type="checkbox"/> No <input type="checkbox"/> If other, please specify: [Click here to enter text.]
Community sector (not-for-profit) organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-government organisation or local government authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximate total number of volunteers in your organisation / local government:	0-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-80 <input type="checkbox"/> 81-100 <input type="checkbox"/> More than 100 <input type="checkbox"/> More than 500 <input type="checkbox"/>

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