

VOLUNTEER NATIONAL POLICE CERTIFICATE CONSENT FORM Combined with NTWA registration form

SECTION A: Applicant Details

Surname/Primary name			Given name/s		
Gender Date	e of birth	Contact number	Email Address		
Residential address					
Postal address (if differ	rent from residentia	1)			
Previous address (Aust	ralian address resid	led within the last 5 years)			
Date residing at previo	ous residence (if e	xact date is unknown, plea:	se list year resided)		
Previous/Alias/Maide	n Names (if any)				
Surname/Primary nam	e/Primary name		Given name/s		
Place of birth:					
Suburb/Town		State		Country	
Emergency contact:					
Name and relationsh	nip		Mobile r	number	
ECTION B: Details of	Volunteer Worl	k	WA		
		take place (which state w		g your role – ie WA, NSW)	
		National Trust pro work you will be undertaki			
	t of Western	Australia			
National Trus					
National Trus		e of volunteer agency)			

SECTION C: 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 acknowledgment of the existence of any court outcomes and/or pending charges being provided to the volunteer organisation as named in this document via a Volunteer National Police Certificate (VNPC) issued in my name.

In consideration of the WA Police releasing an acknowledgement of any court outcomes, 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.

SECTION D: 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 volunteer organisation to submit volunteer checks on the applicant's behalf and that I will enter only the details contained on this form into the VNPC online application.

National Trust of Western Australia

Volunteer Agency

00037

Agency Code

Volunteer agency representative signature

Date

Declaration of Privacy/Confidentiality

I (please print)______ declare that all data/information/documentation I have exposure to while in my capacity as a volunteer at the National Trust of Western Australia will be kept private/confidential and will not be disclosed outside the National Trust of Western Australia.

No confidential or sensitive information will be stored on my personal computer or devices.

I certify that the information that I have provided is correct and I understand the declaration of privacy/confidentiality.

Volunteer Signature

Date

Deputy CEO Signature

Date

Completion of this form is mandatory requirement for audit, duty of care and insurance purposes. The information is used only for authorised purposes of the volunteer programs of the National Trust of Western Australia and is not made available to third parties.

Office Use Only

Entered by and date: