



# VOLUNTEER NATIONAL POLICE CERTIFICATE CONSENT FORM

## SECTION A: Applicant Details

\_\_\_\_\_  
Surname/Primary name Given name/s

\_\_\_\_\_  
Gender Date of birth Contact number

\_\_\_\_\_  
Residential address

\_\_\_\_\_  
Postal address *(if different from residential)*

\_\_\_\_\_  
Previous address *(Australian address resided within the last 5 years)*

\_\_\_\_\_  
Date residing at previous residence *(if exact date is unknown, please list year resided)*

### Previous/Alias/Maiden Names

\_\_\_\_\_  
Surname/Primary name Given name/s

### Place of birth

\_\_\_\_\_  
Suburb/Town State Country

## 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 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 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.

\_\_\_\_\_  
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 volunteer organisation to submit volunteer checks on their behalf and that will enter only the details contained on this form into the VNPC online application.

\_\_\_\_\_  
Volunteer agency representative signature Date