# WA Volunteer National Police Certificate Program

Registration Form

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

Please review the information available on the [VNPC webpage](https://dlgc.communities.wa.gov.au/Publications/Pages/National-Police-Check-Volunteers-Program.aspx) (https://dlgc.communities.  
wa.gov.au/Publications/Pages/National-Police-Check-Volunteers-Program.aspx) before completing this form.

## Organisation details

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

Organisation name: [Enter organisation’s name here]

Parent body (if applicable): [Enter organisation’s address here]

Incorporated body: Yes  No  (If no, please contact Communities)

Approximate total number of volunteers in your organisation:

0-20  21-50  51-80  81-100  More than 100  More than 500

### Organisation contact person

Title: Mr  Ms  Mrs  Miss  Dr  Other

Full name: [Enter contact person’s full name here]

Position: [Enter contact person’s position here]

Address: [Enter organisation’s address here]

Town/Suburb: [Enter organisation’s Town/Suburb here]

Postcode: [Enter organisation’s postcode here]

Phone: [Enter contact person’s phone number here]

Mobile: [Enter contact person’s mobile number here]

Email: [Enter contact person’s email here]

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## Volunteer-involving Organisation Agreement to register for the WA Volunteer National Police Certificate program

[Enter organisation’s name here] agrees:

1. to screen volunteers only for the purposes of volunteer activities in Western Australia
2. to ensure proof of identification for volunteers is checked and details are accurate
3. to comply with all WA Police Force requirements when requesting volunteer certificates
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: [Type name or sign] Date: [Enter date]

### Please return this form to the Department of Communities via:

Email: [volunteering@communities.wa.gov.au](mailto:volunteering@communities.wa.gov.au), or

Post: PO Box 6334 EAST PERTH WA 6892

## Contact Details

For more information, or assistance to complete this form, please contact:

Department of Communities

189 Royal Street, East Perth WA 6004

PO Address: PO Box 6334, East Perth WA 6892

Telephone: 08 6217 6888

Freecall: 1800 176 888 (Country only)

Email: [volunteering@communities.wa.gov.au](mailto:volunteering@communities.wa.gov.au)

Website: [https://dlgc.communities.wa.gov.au](https://dlgc.communities.wa.gov.au/)

Translating and Interpreting Service (TIS) – Telephone: 13 14 50

If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service. For more information visit: [www.relayservices.gov.au](http://www.relayservices.gov.au/).

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