VICTORIA POLICE

Application Form for the Community Volunteer Fee (CVF) Number

This application form is for organisations with volunteers or students or adults (18 years or over) residing with a Family Day Care (FDC) provider who meet the criteria for having police records checks conducted at the reduced rate.
NB Do not send consent forms** requesting the reduced rate until advised in writing that authorisation has been granted. When authorised, consent forms must be sent by mail, **not faxed.

ORGANISATION DETAILS:

Name of Organisation:.....

Contact Person: ..... **Email:*** .....

Address:.....

.....**Postcode:** .....

Organisation's Email:*.....

Telephone:..... **Fax:**.....

*** Please note: All changes to CVF policy and annual fee changes will be advised by email so where possible supply a position based organisation email address as well as the contact person's email address. Please advise us if email addresses change so we can update our details.***

Person to declare volunteer/student/FDC status on "Consent to Check and Release National Police Certificate" forms:

Printed Name:..... **Signature:**..... **Date:**.....

Position:..... **Phone:**..... **Fax:**.....

PLEASE NOTE:

1. *If a new person is to start as signatory: please advise the CVF Coordinator, Public Enquiry Service in writing.*
2. *If your organisation has a number of centres/locations: a representative of the head office location may choose to apply on behalf of the whole organisation. However, in such cases, please tick **one** of the following options:*

Option 1:
The person/s named on this application as a signatory at the head office of this organisation will be responsible for signing the "Declaration of Volunteer/Student/Family Day Care Resident Status" under Section E, Option 2 of ***all*** consent forms for students/volunteers/FDC residents from ***all*** locations when entitlement to the reduced fee is requested.

Please tick if this option is applicable ☐

Option 2:
I will attach to this application the names, positions, locations and specimen signatures (dated), of **all** the people who will be declaring volunteer/student/Family Day Care Resident status at various locations of the organisation. The contact person named above will advise the CVF Coordinator, Public Enquiry Service, of staff changes that require amendments to this listing.

Please tick if this option is applicable ☐

PLEASE COMPLETE:

1. **Will your organisation's applicants receive any form of payment for the services that they perform for the organisation? (excepting reimbursement of direct expenses eg. petrol expenses which will not disqualify the individual from the reduced fee.)** ☐ **Yes** ☐ **No**

2. **Will the applicants fulfil a charity or community service, undertake student placement or qualify under the Family Day Care scheme as an adult (18 years or over) residing with a Family Day Care provider?** ☐ **Yes** ☐ **No**

Please specify role/s of applicants: .....

.....

*Please return the completed form (with attachments where appropriate) **by mail** to:*
CVF Coordinator, Public Enquiry Service, Victoria Police, GPO Box 919, Melbourne Vic 3001

Victoria Police Office Use Only:	**Date Application Form Received:**	
	Authorised by TL/Manager:	**Date:**
	Allocated CVF number:	**Date:**