



VOLUNTEER

APPLICATION

I [REDACTED]
Full and Correct Name

of [REDACTED]

Full and Correct Street Address [REDACTED] Post code [REDACTED]

Date of Birth (dd/mm/yyyy) [REDACTED] Place of Birth [REDACTED] Phone/Mobile Number [REDACTED]

Email [REDACTED]

nominate for a position within the Neighbourhood Watch Program.

I hereby authorise members of the Queensland Police Service to make or cause to be made such inquiries as may be necessary to determine my suitability to become:

[REDACTED] for the [REDACTED]

Neighbourhood Watch Area.

District position or title [REDACTED]

1. I acknowledge that I have nominated for a position within the Neighbourhood Watch program. I consent and authorise members of the Queensland Police Service to undertake background inquiries with police services, or other agencies (both State and Federal) and the community to determine my suitability for that position.
2. I consent and authorise members of the Queensland Police Service to examine any documents or other information in the possession or control of the Commissioner of the Queensland Police Service that relate to me. This information or material may include any convictions or charges of a criminal, civil, military or other nature; any interviews, questioning, investigation or involvement in connection with any criminal, civil, military or other offence or incident by any police department or authority, any domestic violence applications or orders, firearms prohibitions, restraining or other court orders, bankruptcy declarations or proceedings or any other intelligence information.
3. I understand that should an examination of any documents or information by members of the Queensland Police Service reveal information, which in the view of the Queensland Police Service is detrimental or adverse to my application for a position in the Neighbourhood Watch Area, I will be made aware of the nature of such information, (excepting that information that may be exempt by due process of law) and I will be given an opportunity to make submissions on that information before a final decision is made.
4. I acknowledge that a decision of the members of the Queensland Police Service regarding my suitability for a position for a Neighbourhood Watch Area is in their absolute discretion. Any such decision is final and I will agree to abide any such decision as to my suitability for the nominated position. I release and waive any personal or other rights, actions, suits or claims that may otherwise prevent or arise from the access of this criminal history information for the purposes of determining suitability of the applicant to perform the role identified in this form by the Queensland Police Service.

Signed [REDACTED]

Applicant Signature [REDACTED]

on the [REDACTED]

day of [REDACTED]

Month [REDACTED]

Year [REDACTED]

[REDACTED] Witness Signature [REDACTED]

Witness Name [REDACTED]

POLICE USE ONLY: PURSUANT TO SECTION 10.1 OF THE PUBLIC SERVICES ADMINISTRATION ACT 1990, ANY PERSON WHO DISCLOSES INFORMATION, EXCEPT AS PERMITTED BY THE ACT, COMMITS AN OFFENCE.

CHECKED BY [REDACTED]

ON [REDACTED]

SUITABLE / UNSUITABLE [REDACTED]