



Broome Volunteer Sea Rescue Group Member Application

As Commander of the Broome Sea Rescue I would like to welcome new members to our Unit and thank existing members for their valued service.

Your participation is welcome and your commitment valued and much appreciated by the boating community. Our Volunteers have the opportunity to become qualified in specialty areas such as Boatswain, Skipper and Radio Operator. We also welcome members who wish to assist with shore support, public relations, fund raising and administration.

We meet on the second Tuesday of every month at FESA House, your attendance and participation in meetings is an important part of our team development.

The following application is in two parts. Sections 1 to 5 are the information that FESA requires. Sections 6 to 7 are the additional information that BVSRRG requires so that we can ensure that you are fully informed of our activities.

Membership fees: \$50 Annual (renewable each January)
 \$25 Seasonal (May to October)

**Please forward your completed form and payment to:
Broome Volunteer Sea Rescue Group.
PO Box 2558,
Broome. WA 6725**

NB: Payments may be made direct to CBA Bank at:
BSB# 066 505
Acct# 1011 7422

Please ensure the narration contains your surname.

Again I would like to welcome you aboard or back to our team of volunteers.

**Regards,
Brett Winfield
Commander Broome Volunteer Sea Rescue Group**

| | |
|-----------------------------------|-----|
| Membership for VMRS Group: | |
| Date of Joining: | / / |

| Membership Status | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Member (Complete Sections 1 & 3.) | <input type="checkbox"/> Existing or Transferring Member (Complete Sections 1, 2 & 3.) |
| Type of Membership (Circle appropriate type) | |
| Active | Non Active |
| Junior | Associate |
| | Existing / Transferring |

| Section 1 – Personal Details | |
|-------------------------------------|-----------------------------------------|
| Family Name: | |
| Given Name/s: | Applicant's Occupation: |
| Preferred Name: | Name of Employer: |
| Address: | Employer's Address: |
| Postcode: | Postcode: |
| Date of Birth: / / | Email: |
| Age: | |
| Gender: M / F | |
| Business Phone: | Mobile Number: |
| After Hrs Phone: | Radio Call Sign: |

Do you have any known medical condition/s that may affect Operational or Non Operational roles – please circle one in each of the following options:

| | | | |
|-------------------------------|-----|-------|-----------------------------|
| Medical Condition | No | Yes | If yes, complete Section 5. |
| Operational / Non Operational | Fit | Unfit | (Refer to Section 5) |

Section 2 – Existing or Transferring Member Details

If the applicant was previously, or is currently a member of another VMRS Group, please complete the following:

| | | |
|--------------------|---------------------|-------------------|
| VMRS Group: | Date Joined: | Date Left: |
| _____ | / / | / / |
| VMRS Group: | Date Joined: | Date Left: |
| _____ | / / | / / |

Section 3 – Declaration

I certify that the information provided by me in this application form is true and correct, to the best of my knowledge.

Applicant's Signature

_____/_____/_____
Date

If applicant is under 18 years of age:

Name of Parent or Guardian

Signature

_____/_____/_____
Date

Section 4 – Length of Service Information

This section to be completed by VMRS Group Secretary or Commander:

I hereby certify to the best of my knowledge that the above particulars are correct and that this VMRS Group has given due regard to the applicant's availability to attend incidents.

Name Secretary / Commander

Signature

_____/_____/_____
Date

Please Note: Membership or Length of Service will commence from the date signed by the VMRS Group Executive.

Section 4 – Length of Service Information

Long Service Awards Granted

| Award | Date Due | Date Approved | Date Awarded |
|------------------------|----------|---------------|--------------|
| 5 year Badge & Bar | / / | / / | / / |
| 10 Year Bar | / / | / / | / / |
| 15 Year Bar | / / | / / | / / |
| National Medal | / / | / / | / / |
| 20 Year Bar | / / | / / | / / |
| 25 Year National Clasp | / / | / / | / / |
| 30 Year Bar | / / | / / | / / |
| 35 Year National Clasp | / / | / / | / / |
| 40 Year Bar | / / | / / | / / |
| 45 Year National Clasp | / / | / / | / / |
| 50 Year Medal | / / | / / | / / |
| Other Awards: | | | |
| | / / | / / | / / |
| | / / | / / | / / |
| | / / | / / | / / |
| | / / | / / | / / |

APPLICATION FOR VOLUNTEER NATIONAL POLICE CHECK

This is not an application for a National Police Certificate

Part A: Personal Details (To Be Completed By Applicant/Volunteer) (See next page for instructions for completing this form and further information)

SURNAME: _____

GIVEN NAMES: _____

PREVIOUS, MAIDEN OR ALTERNATIVE NAMES: _____

DATE OF BIRTH: _____

MOTOR DRIVERS LICENCE NUMBER: _____ STATE OF ISSUE: _____
(If applicable)

Part B Statement of Consent and Indemnity (To Be Signed By Applicant/Volunteer)

I consent to a check of the records of all Australian Police jurisdictions and to the acknowledgement of the existence of any court outcomes and/or pending charges being provided to an approved volunteer group.

In consideration of the WA Police releasing an acknowledgment of any court outcomes or pending charges, under this application, I hereby indemnify the state of WA, its servants and agents including all members of the WA Police against all actions, suits, proceedings, causes of actions, costs, 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.

I acknowledge that if, I am investigated/charged or convicted of an offence that is subjected to a penalty of imprisonment (serious offence), I am required to advise and report, in writing, the circumstances of the occurrence to FESA within 14 days of this taking place.

VOLUNTEER'S SIGNATURE _____ **DATE** _____

Part C Checklist (To Be Completed By Representative of Volunteer Group)

Volunteers personal identification checked YES

I, being a representative of the following volunteer group, request a Volunteer Police Check and confirmation as to whether the above named volunteer has any court outcomes and/or pending charges. The individual's proof of identity has been checked and I confirm that the individual volunteer is in fact the person named in this form.

Any information received will be treated confidentially and used for the sole purpose of screening volunteers. This information will not be released to any third party.

I confirm that the above named will be conducting volunteer work within the set criteria for this scheme.

Name of Volunteer Group: _____

Representative's Name: _____

Signature: _____

Instructions for Completing Page 1 of This Form

Applicant/Volunteers - please ensure that you:

- Write in ink, use BLOCK LETTERS and complete all sections of Part A (Personal Details).
- Sign and date Part B (Consent and Indemnity) on page 1 of this form
- Do not alter or delete the wording on the form in any way

Representative of Volunteer Group - please ensure that you:

- Complete Part C (checklist and certificate)
- Ensure Suitable Proof of Identity is produced and the details on Part A (Personal Details) are completed correctly.
- Retain this completed form in a secure place for a period of 2 years, as WA Police may audit any volunteers checks conducted.

Proof of Identity

Primary Identification, includes

One or more of the following documents must be produced as proof of identity by the applicant:

- Previous or current Australian driver's licence with a photograph
- Australian Passport (not expired by more than 2 years)
- Current overseas Passport
- Birth Certificate or Extract of Birth (support document must also be produced if birth name has changed by marriage or deed poll)
- Visa or Immigration document
- Australian Document of Identity
- Australian Citizenship Papers

Secondary Identification

Where only one type of Primary Identification is produced, a second form of identification must also be produced, which may include:

- ATM access card issued by a financial institution
- Credit card (i.e. Visa, American Express, Diners, Bankcard etc.)
- Pension card issued by Veteran Affairs or Centre Link

What is a Volunteer National Police Check

Western Australia

The criminal records database used by WA Police contains court outcome and charge information resulting from investigations initiated by police. Many offences are investigated and prosecuted by non-police agencies. The details of court outcomes and pending charges resulting from these investigations may not be included in the screening process. The release of certain court outcomes (i.e. spent convictions) and pending charge information is restricted by legislation. Such information will not be acknowledged in the reply to the volunteer group.

Other Australian Police Jurisdictions

Where a police record with another Australian police jurisdiction has been identified, any relevant legislation and release policy governing that police jurisdiction will be applied before it is acknowledged. Under various sections of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular reason, to not disclose certain court outcomes and pending charges. Such court outcomes and pending charges will not be acknowledged, providing this is in accordance with relevant legislation or release policy. If further information is required in relation to the legislation and release policies of any police jurisdiction, please contact that individual police jurisdiction directly.

The CrimTrac Agency

WA Police will utilise the services provided by the Commonwealth CrimTrac Agency to search and collate records held by other Australian police jurisdictions.

Appendix 5: Statutory Declaration

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I,.....
.....

{Name, address and occupation of person making declaration}

sincerely declare as follows:-

.....
.....
.....
.....
.....
.....
.....
.....

{insert content of the statutory declaration; use numbered paragraphs if content is long}

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at
{Place}

on
{Date}

in the presence of -
.....
.....

{Name of authorised witness and qualification
as such a witness}



by

.....
{Signature of person making the declaration}

* **Important** This Declaration must be made before any of the following persons:-

| | |
|------------------------------------------------|----------------------------------------|
| Academic (post-secondary institution) | Local government councillor |
| Accountant | Loss adjuster |
| Architect | Marriage Celebrant |
| Australian Consular Officer | Member of Parliament |
| Australian Diplomatic Officer | Minister of Religion |
| Bailiff | Nurse |
| Bank Manager | Optometrist |
| Chartered secretary | Patent attorney |
| Chemist | Physiotherapist |
| Chiropractor | Podiatrist |
| Company auditor or liquidator | Police officer |
| Court officer (magistrate, registrar or clerk) | Post office manager |
| Defence Force officer | Psychologist |
| Dentist | Public notary |
| Doctor | Public servant (State or Commonwealth) |
| Electorate Officer (State – WA only) | Real estate agent |
| Engineer | Settlement agent |
| Industrial organization secretary | Sheriff or deputy sheriff |
| Insurance broker | Surveyor |
| Justice of the Peace (any State) | Teacher |
| Lawyer | Tribunal officer |
| Local government CEO or deputy CEO | Veterinary surgeon |

Or any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Full definitions of these professions are available at:

http://www.courts.dotag.wa.gov.au/files/Professions_witness_statutory_declarations.pdf

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing (Schedule 2, item 231 of the Commonwealth Statutory Declarations Regulations 1993).

Further information on witnessing documents is available at www.dotag.wa.gov.au

IMPORTANT INFORMATION:

AS OF 1 JANUARY 2006 THERE IS **NO** PROVISION FOR
COMMISSIONERS FOR DECLARATIONS IN THE STATE OF
WESTERN AUSTRALIA

Section 6
Broome Volunteer Sea Rescue Group
Membership information

Medical

Please highlight any medical condition/s that could or would create a situation if/when involved in any Club activity involving the duties of the Rescue Crew or heavy physical exertion.

.....
.....
.....

Next of Kin

Name: Relationship:

Address: City Town:

State..... Post Code

Phone

Home: Work: Mobile:

Skills & Activities

The following information will ensure that your skills are fully utilised in our operations and also whether you have skills that could be used in the training and development of other members of the organisation.

- Licences
Specify
- Mechanical
Specify
- Technical
Specify
- Medical
Specify
- Professional
Specify
- Administrative
Specify
- Other
Specify

Given your skills and knowledge are there specific activities or positions you would like or are prepared to fill within the Group?

Please specify below:

.....
.....
.....

Section 7 Boat Details

Name of Craft: Reg/Sail No:

Radio Callsign: Sail-Rig:

Group Callsign: Hull Material:

Boat Registration: Superstructure:

LOA: Colour of Hull:

Fuel Type: Capacity:

Engine Type: Range/ Endce:

Engine Horsepower:

Special Equipment fitted:

- | | | |
|----------------------------------------------|-----------------------------------------|----------------------------------|
| <input type="checkbox"/> VHF | <input type="checkbox"/> 27Mhz (Marine) | <input type="checkbox"/> MF/HF |
| <input type="checkbox"/> GPS | <input type="checkbox"/> EPIRB | <input type="checkbox"/> Sounder |
| <input type="checkbox"/> Radar | <input type="checkbox"/> Flares | |
| <input type="checkbox"/> Other Specify | | |

Motor Vehicle Details

Make Model:

Registration No:

Trailer Details

Type:

Registration number:

To assist with easy identification please attach a clear postcard size photograph of their craft to this application.

For Ramp ID purposes the Police have also requested a photo of your trailer and towing vehicle. Please attach to this application as well.

Photograph Optional

Office Use Only:

Date received: Date application approved:.....

Membership fee paid: Yes No Receipt sent:..... Receipt number:.....