



# APPLICATION TO OBTAIN A VOLUNTEER ORGANISATION AUTHORISATION NUMBER (VOAN)

Completed applications should be forwarded to:

**Manager, Records Release Unit  
South Australia Police  
GPO BOX 1539, ADELAIDE SA 5001  
Ph: (08) 7322 3347**

ORGANISATION INFORMATION

Organisation Name: .....

Address: ..... Suburb: ..... Post Code: .....

Telephone: (W) ..... (Mob) ..... (Fax) .....

Incorporation Number: .....

Email Address (non-personal address only): .....

Position Title (for correspondence to be forwarded): .....

Description of duties undertaken by volunteers and their regular one-on-one interaction with vulnerable groups:

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

Description of your Organisation's services and how it provides a community and charity benefit:

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

ORGANISATION DECLARATION

GIVEN and FAMILY Name in BLOCK LETTERS

POSITION TITLE

I hereby declare that the above Organisation meets the criteria of the SA Government VOAN scheme:

- The Organisation has volunteers\* whose primary role requires one-on-one contact with vulnerable groups or access to prescribed records.  
\* A volunteer is a person who performs an activity which is of benefit to the community, is done of their own free will and is undertaken without monetary reward.
- The services provided by the Organisation provide a charity or community service good.
- The Organisation is non-government (It may receive government grants but is not directly funded).
- The Organisation has incorporated status.
- The Organisation is not a member, affiliated club or association of a larger organisation.

I certify that the details provided on this form are true and correct, and I have the authority to make such statements and submit this application on behalf of the Organisation.

I have read and understand the obligations set out in the SA Police document 'Procedure to Obtain Volunteer Organisation Authorisation Number'.

Signature: ..... Date: / /

**VOAN AUTHORISATION NUMBER:** (SAPOL use only)