

POLICE DEPARTMENT OF _____
APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM

Print Last Name First Middle

To be completed by department

APPLICATION NUMBER _____

DATE OF APPLICATION _____

INVESTIGATOR ASSIGNED _____

Municipality of _____

NOTICE: Application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Previous Employer _____
Address _____

Phone _____
Dates of Employment _____

Previous Employer _____
Address _____

Phone _____
Dates of Employment _____

11a Have you ever been subjected to any disciplinary action at a place of employment?
YES ___ NO ____ If yes, explain.

COURT RECORD

12. Have you ever been arrested or charged with any criminal violation or disorderly persons offense?
YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

13. Do you have any prior involvement or experience with Domestic Violence, either as a victim or an accused? YES _____ NO _____ If "yes", please give specific details:

_____ (attach additional pages if needed)

DRIVING RECORD

14. Current Driver's License Number: _____ State _____

15. Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in this State or any other State or Territory? If "yes", explain:

REASON FOR APPLYING FOR VOLUNTEERING

16. What, if any, has been your personal experience in Domestic Violence?

17. Please tell us briefly your reasons for applying as a volunteer to the Police Department's Domestic Violence Victim Response Team.

REFERENCES

18. Give three (3) references (not relatives) who are responsible adults such as, former or present employers, fellow employees or school teachers, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If reference is retired, give former occupation.

(1) Complete Name: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number :(_____) _____ - _____ Work Number :(_____) _____ - _____

(2) Complete Name: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number :(_____) _____ - _____ Work Number :(_____) _____ - _____

(3) Complete Name: _____
Number of Years Acquainted: _____ Occupation: _____
Residence Address: _____
Business Address: _____
Home Phone Number :(_____) _____ - _____ Work Number :(_____) _____ - _____

