# POLICE DEPARTMENT OF APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM

Print	Last Name	First	Middle	
			To be completed by depa	rtment
APPLIC <i>i</i>	ATION NUMBER			
DATE O	F APPLICATION			
INVESTI	IGATOR ASSIGNED			
	Municip	ality 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.

## PERSONAL HISTORY

1.	
	Full name: Last, First, Middle Social Security Number
2.	List all names you have used including nicknames. If your name has been legally changed, give date, place and court. Explain use of different names.
3.	Date of birth:/ Place of birth: City, State
4.	Sex: Eye Color Hair Color
	RESIDENCE AND CONTACT INFORMATION
5.	Present Address:
	Present Address: (Street, City, State, Zip Code)
6.	Home Phone Number: ()Cell: ()
7.	Email Address: (all caps please)
	AVAILABILITY & SKILLS OF APPLICANT
8.	Earliest date available for position?/
9.	What educational degree(s) or professional license(s) do you possess?
10	. Do you speak any other languages other than English?YESNO If yes, please list languages
	EMPLOYMENT
Er	List your current and previous places of employment employer Idress
Ph	one
Da	tes of Employment
	2

Previous Emp. Address	loyer					
Phone Dates of Empl	oyment					
Previous Empl	revious Employer					
Phone Dates of Empl	oyment					
	ever been subjected to any disciplinaNOIf yes, explain.	ry action at a place of employment	i? 			
	COURT RI	ECORD				
offense?	ever been arrested or charged with any NO If "yes", give date, place		ersons			
	ve any prior involvement or experience ES NO If "yes", pleas		as a victim or			
	(attach a	dditional pages if needed)				
	DRIVING	RECORD				
14. Current Dr	river's License Number:	State				
	driver's license or vehicle registration driver's license in this State or any ot					
	2					

## 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 :( ) -

#### **BURLINGTON COUNTY DOMESTIC VIOLENCE RESPONSE TEAM APPLICANT AUTHORIZATION AND RELEASE**