

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 :(_____) _____ - _____

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

STATE OF NEW JERSEY)

COUNTY OF BURLINGTON)

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Police Department, whether the said records or information are of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the said Police Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the said Police Department or any of their agents or representatives to inspect and make copies of such documents, records, and other information.

I further agree to execute any and all additional documents, releases and waivers as required for the Police Department to secure any of the aforementioned information in connection with the application process.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability as a volunteer for a Domestic Violence Response Team.

I hereby release, discharge and exonerate the Police Department, their agents and representatives and any person so furnishing information from any and all liability of ever nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Police Department.

A photocopy of this authorization and release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization and Release."

Witness Signature

Applicant Signature (include maiden name)

Print Name

Print Name

Address

Address

Date