



HOLMDEL TOWNSHIP POLICE DEPARTMENT **DOMESTIC VIOLENCE CRISIS INTERVENTION TEAM** **Volunteer Application**

Thank you for your interest in becoming a member of the Holmdel Police Department's Domestic Violence Response Team.

- ❖ Application **must be complete**. If an area does not pertain to you, please indicate N/A (non-applicable) in the space provided.
- ❖ Please print clearly.
- ❖ Any questions you have concerning this application should be referred to Sergeant Michael Pigott at 732-946-9690 ext. 1721.

Return application to Police Headquarters in person, or mail to:

Sergeant Michael Pigott
Holmdel Police Department
PO Box 410
Holmdel, NJ 07733



HOLMDEL TOWNSHIP POLICE DEPARTMENT

Domestic Violence Response Team

VOLUNTEER MEMBER APPLICATION

Please complete this application as thoroughly as possible. Print in ink. If you should require additional space to clarify any of your answers, use the back of these pages or separate sheets as necessary.

Last Name	First Name	Middle Name
List names used, including nicknames. If your name has been legally changed, give date, place and court. Explain use of different names.		
Social Sec #:		
Date of Birth:	Place of Birth:	
Hair Color:	Eye Color:	Sex:
List the names of members of the Holmdel Police Department, with whom you are socially or personally acquainted:		
Name	Socially	Personally
E-Mail Address:		
Present Address:		
Home Phone:	Cell Phone:	Pager:
Work Phone:	Other:	
How long have you resided here?		
With whom do you reside?		
List in chronological order, each and every place in which you have resided as an adult.		
From (Date)	To (Date)	Address



EMPLOYMENT

1. Present Employer:

 Name/Company Address City/State Phone
 Immediate Supervisor: _____ Date hired: _____
 Job Title and Duties: _____

2. Have you previously made application with this **or any other** DV Team? Yes _____ No _____

List ALL;

<u>Where</u>	<u>When</u>	<u>Present Status of Application</u>
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AVAILABILITY OF APPLICANT

Earliest date available for position: _____

Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is, or may be, relevant, directly or indirectly, in connection with an investigation of your eligibility and fitness for the position of volunteer on the Domestic Violence Response Team (DVRT), including, but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, association, criminal records, traffic violations, residence, or otherwise.

YES _____ NO _____

If "yes" give complete details.



EDUCATIONAL DATA

List schools attended. Include name of school, location, dates attended "from – to", course pursued, date graduated, degrees or diplomas.

COLLEGES:

OTHER:

Number of formal school years completed: _____

What college degree(s) or professional license(s) do you possess?

List your proficiency in any foreign languages as "slight," "good," or "fluent".

Language	Speak	Understand	Read	Write

COURT RECORD

1. Have you ever been arrested or charged with any criminal violation? YES _____ NO _____

If "yes" give date, place, charge, disposition and details:



2. Have you ever been arrested, charged, or summoned with any offense including but not limited to Domestic Violence, disorderly persons offenses, motor vehicle violations (i.e. suspended driver's license, DUI) Township ordinances, as an adult or as a juvenile? YES _____ NO _____

If "yes", give date, place, charge, disposition, and details:

3. 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:

4. Were you ever summoned or subpoenaed to a court in a civil action or proceeding, including any involvement with Domestic Violence Restraining Orders, in this State or elsewhere, or could such a possibility ensue as a result of a recent occurrence or transaction?

YES _____ NO _____

5. Indicate every civil action or proceeding in which you were summoned or subpoenaed, or in which you were a party and also the contingent possibilities as described above.

6. Have you ever had any legal action taken against you?

YES _____ NO _____

If "yes" give pertinent data:

7. Excluding this application process, have you ever been fingerprinted?

YES _____ NO _____

If "yes", list when, where, and purpose:



DRIVING RECORD

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

2. Years driving _____. Do you currently, or have you ever held, a driver's license in any other state(s)?
YES _____ NO _____

If "yes" list license number and issuing state(s):

3. List all motor vehicles registered to you or that you have access to:

Year	Make	Registration	Insurance Policy #	Owner & Address

4. 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?

YES _____ NO _____

If "yes" explain:

5. List all traffic violations in all States. Include date, place, charge, disposition, and details.

6. Describe any/all interactions (positive or negative) that you or your immediate family may have had with the Police Officers in this (Holmdel) or any other Town?



REASONS FOR APPLYING AS A VOLUNTEER

Q: What, if any, has been your experience with Domestic Violence?

A:



Q: In longhand, explain your reasons for applying as a volunteer to the Holmdel Police Department's Domestic Violence Crisis Intervention Team. Limit your explanation to 150 words.

A:

REFERENCES



Give three (3) references (can not be relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If retired, give former occupation.

The fourth reference must be a Law Enforcement Officer who can vouch for your good character.

#1. Complete Name:

Numbers of Years Acquainted:

Occupation:

Residence Address:

Business Address:

Home/Cell Phone #:

Work Phone #:

#2. Complete Name:

Numbers of Years Acquainted:

Occupation:

Residence Address:

Business Address:

Home/Cell Phone #:

Work Phone #:

#3. Complete Name:

Numbers of Years Acquainted:

Occupation:

Residence Address:

Business Address:

Home/Cell Phone #:

Work Phone #:

#4. Officer's Name, Rank, Badge #:

Numbers of Years Acquainted:

Department Name:

Residence Address:

Business Address:

Home/Cell Phone #:

Work Phone #:

HOLMDEL TOWNSHIP POLICE DEPARTMENT
Domestic Violence Response Team



RELEASE AUTHORIZATION

I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation. I am further aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Holmdel Police Department Domestic Violence Crisis Intervention Team (DVCIT). I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

To all Courts, Probation Departments, Selective Service Boards, Employers, Postmasters, Educational and other Institutions and Agencies without exception:

I, (Applicant's Name) _____, am making application for appointment as a member of the Holmdel Police Department's DVCIT. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Holmdel Township Police Department, or its representatives, any and all information, documentary or otherwise pertaining to me that they may request.

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

A copy of this authorization will be considered as effective and valid as the original.

Below to be completed in presence of Department Notary

Signature of Applicant

Date

Sworn to before me this _____ Day of _____ 20 _____

Notary Public or Commissioner of Deeds