

**MANSFIELD TOWNSHIP POLICE DEPARTMENT
APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM**

Print	Last Name	First	Middle
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APPLICATION NUMBER _____

DATE OF APPLICATION _____

INVESTIGATOR ASSIGNED _____

Municipality of Mansfield Township

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 which 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.

AN EQUAL OPPORTUNITY EMPLOYER

1. Position applied for: Domestic Violence Victim Response Team Volunteer

PERSONAL HISTORY

2. _____ - _____
Full name: Last, First, Middle Social Security Number

3. 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.

4. Date of birth: _____ / _____ / _____ Place of birth: _____
Month, Day, Year City, State

5. Sex: _____ Eye Color _____ Hair Color _____

6. List names of members of the _____ Police Department whom you are socially or personally acquainted with:

Name	Address	Badge No.	Social/Personal
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RESIDENCES

7. Present Address: _____
(Street, City, State, Zip Code)

Home Phone Number: () -

8. How long have you resided here?

With whom do you reside? _____

Give floor No. _____ Apartment No. _____ (circle one) North South East West Front Rear

9. List in chronological order, each and every place in which you have resided as an adult.

FROM	TO	ADDRESS (STREET, CITY, STATE, ZIP CODE)
1	2	3

AVAILABILITY OF APPLICANT

10. Earliest date available for position? ____/____/____

11. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is, or which 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 Victim Response Team, 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 details.

EDUCATIONAL DATA

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

COLLEGES:

OTHER: (Attach copies of certificates, diplomas, etc.)

13. Number of formal school years completed: _____

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

15. List your proficiency in any foreign language as "slight", "good", "fluent":

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
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EMPLOYMENT

16. List your last two places of employment.

Employer _____
Address _____

Phone _____
Dates of employment _____

Employer _____
Address _____

Phone _____
Dates of employment _____

REFERENCES

17. Give three (3) references (not 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.

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

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

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

18. Were you ever summoned or subpoenaed to a court in a civil action or proceeding, including any involvements 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 _____

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.

COURT RECORD

19. Have you ever been arrested or charged with any criminal violation?

YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

20. Have you ever been arrested, charged, or summoned with any offense including but not limited to Domestic Violence, disorderly persons offenses, motor vehicle violation (ie, suspended driver's license, D.U.I.), Township Ordinance, as an adult or as a juvenile?

YES _____ NO _____ If "yes", give date, place, charge, disposition and details:

21. 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)

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

YES _____ NO _____ If "yes", give pertinent data:

23. Have you ever been fingerprinted? (exclude this application process):

YES _____ NO _____ If "yes", list when, where and purpose:

DRIVING RECORD

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

Years of driving: _____

Do you currently or have you held, a driver's license in any other state(s)?

YES _____ NO _____ If "yes", list license number and issuing state(s):

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

Year / Make / Registration / Insurance Policy Number / Owner & Address

26. 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:

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

REASON FOR APPLYING FOR VOLUNTEERING

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

In longhand explain your reasons for applying as a volunteer to the _____ Police Department's Domestic Violence Victim Response Team. Limit your explanation to no more than 150 words.

[illegible]

I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the _____ Police Department's Domestic Violence Victim Response Team. 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.

Signature of Applicant

Date _____

SIGNATURES AND AUTHORIZATIONS

I understand that any appointment tendered me will be contingent upon the results of my complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the _____ Police Department's Domestic Violence Victim Response Team. 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.

Signature of Applicant

Date

Domestic Violence Response Team **Release Authorization**

To: All Persons, Firm, Company and Cooperation, Government Agency, Courts, Probation Departments, Selective Service Boards, Hospitals, Employers, Educational, and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the Burlington County Domestic Violence Response Team. As a result, an investigation is being conducted to determine my eligibility. Therefore, I hereby authorize you to release to the _____ Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

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

Name (Print)

Date

Applicant's Signature

Witness Name (Print)

Date

Witness Signature