

NORTH BRUNSWICK POLICE DEPARTMENT

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710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902

Domestic Violence Response Team Application

Name:

Address:

How long resided at present address:

If less than 1 year, prior address:

Email:

Home Telephone:

Date of Birth:

Marital Status:

Children, Ages:

Occupation:

Employer Name & Address:

Hours of Employment:

Highest Level of Education Reached:

Languages (speak, read, or write):

Driver's License Number:

Have you ever been arrested or convicted of a crime? If yes, please detail.

Have you ever had a TRO, FRO, or SASPA/VASPA Order filed against you? If yes, please elaborate. A yes is not necessarily disqualifying.

Are you dependent upon any controlled dangerous substance or alcohol?

Do you have any concern which may impair you participating in an overnight on call schedule?

List any groups or organizations to which you belong:

Provide the name, address, & phone of 2 references:

Do you understand this is an application to volunteer with an organization requiring members to be on call and available scheduled overnights and weekends, attend monthly meetings, complete 40 hours of initial training plus continuing education as required, and adhere to team policies as set out in the DVRT Guidelines provided?

The answers to the foregoing are true to the best of my knowledge and belief. It is understood that any false statements on this application are sufficient cause for dismissal. By signing below, I consent to the North Brunswick Police conducting a background check.

Date/Signature of Applicant
