

**BERGEN COUNTY DOMESTIC VIOLENCE CRISIS RESPONSE TEAMS  
Volunteer Application**

**POLICE DEPARTMENT:** \_\_\_\_\_ **VICTIM SERVICE AGENCY:** BCDHS/ADV

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

State: \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid driver's license?  yes  no Driver's License # \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in school and/or specialized training program?  yes  no

If yes, name of school/institution and course of study: \_\_\_\_\_

\_\_\_\_\_

What college degree(s) or professional license(s) do you possess: \_\_\_\_\_

List your last two places of employment:

1. Employer: \_\_\_\_\_ 2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City / State \_\_\_\_\_ City / State \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

May we contact this person?  yes  no May we contact this person?  yes  no

Will you have any financial benefit from being a Domestic Violence Crisis Response Teams volunteer?  yes  no

Please list any languages you speak, read or write in addition to English: Check all applicable boxes.

_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

Do you have any physical challenges which require accommodation?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you ever summoned or subpoenaed to a court in a civil action 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  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, charged with any criminal violation, summoned with an offense or had a domestic violence restraining order or complaint issued against you?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a family history of domestic violence, child abuse or sexual abuse?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been a victim of domestic violence?  yes  no If yes, please indicate when the abusive situation concluded:

Currently taking place _____	Less than 1 year ago _____	1 - 2 years ago _____
2 - 5 years ago _____	More than 5 years ago _____	

Did you ever file for a restraining order? When? What were the results?

\_\_\_\_\_  
\_\_\_\_\_

What are your feelings about domestic violence and why are you interested in volunteering on a crisis response team? (you may attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_

What sparked your interest in volunteering on Domestic Violence Crisis Response Teams?

\_\_\_\_\_  
\_\_\_\_\_

Can you be called to the police department on short notice if necessary?  yes  no

Is there any additional information about yourself or your experience you wish us to consider?

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A BACKGROUND CHECK WILL BE CONDUCTED ON ALL APPLICANTS. ALL VOLUNTEERS MUST BE AT LEAST 21 YEARS OF AGE. ALL VOLUNTEERS ARE BEING ASKED TO COMMIT TO ONE YEAR OF SERVICE AND MUST COMPLETE A 40-HOUR TRAINING COURSE TO BE ON A CRISIS RESPONSE TEAM.

Please list at least 2 additional references, who are responsible adults of reputable standing in their communities, excluding family, who have known you for at least three years, and can attest to your ability to serve as a volunteer.

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION BY ME WILL BE SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR FOR DISCHARGE FROM SERVICE ON A BERGEN COUNTY CRISIS RESPONSE TEAM. I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE. I HEREBY GIVE PERMISSION TO MY LOCAL POLICE DEPARTMENT OR BCDHS/ADV TO CONTACT ANY REFERENCES LISTED AND TO CONDUCT A CRIMINAL BACKGROUND CHECK FOR THE PURPOSE OF ASSESSING MY APPLICATION TO PARTICIPATE ON THE BERGEN COUNTY DOMESTIC VIOLENCE CRISIS RESPONSE TEAM. UPON COMPLETING THE 40-HOUR TRAINING, I UNDERSTAND THAT I SHALL PARTICIPATE IN AN URNINE SCREENING THAT WILL BE PAID BY THE COUNTY OF BERGEN.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_