

Department of Police
Kearny, New Jersey 07032

Phone: (201) 998-1313

John Dowie, Chief

Dear Applicant:

The Kearny Police Department would like to thank you for your interest in a volunteer position on the Domestic Violence Victim Response Team. We welcome all those who are interested in dedicating their time and energy for this worthwhile service. We would like to take this opportunity to detail the qualifications and characteristics which applicants should possess, as well as explain the program and process for application.

The Kearny Police Department, in collaboration with WomenRising, has developed a program to better serve the victims of domestic violence that we encounter on a daily basis. Due to the special circumstances of domestic violence victimization, it is necessary to seek the assistance of volunteers from the community to participate as trained team members. As a team member volunteer, individuals will initially receive forty hours of training, conducted over an approximate eight-week period.

The Team will provide twenty-four hour a day, seven day a week service to domestic violence victims. Those victims of domestic violence who are encountered by the Kearny Police Department will be referred to meet with a Team member. Team members will assist the victim in a variety of ways, ultimately providing support and information to help them make informed decisions on the options that are available to them.

In order to accomplish the goals and objectives of this program, it is necessary for volunteers to possess minimum qualifications. The following is a list of these minimum standards for volunteers:

- 18 years of age or older;
- Resident of, or employed in the Town of Kearny
- Valid New Jersey driver's license
- Available transportation
- No criminal history
- No prior history as defendant in a domestic violence related matter
- Available to be on-call a minimum of four times per month
- Ability to communicate well with others

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- Good listener
- Sensitivity to victim's feelings and concerns
- Desire to help others
- Available to participate in initial and ongoing domestic violence training.

Bilingual individuals and persons fluent in American Sign Language are encouraged to participate in order to assist those victims who have special language and cultural needs or issues.

Following the initial training period, volunteers will be assigned to The Team and will immediately enter the on-call rotation. On-call rotations for volunteers will require availability for four twelve-hour shifts each month. Volunteers will be provided with pagers during their shifts. The Police Department will contact volunteers via the pagers and volunteers will respond to meet victims at the police station.

Enclosed is an application for consideration to be a volunteer for the Domestic Violence Victim Response Team. Please complete this application, and the attached waiver form, and return them to the Kearny Police Department, attention Lieutenant Steve Durkin. After your application is received it will be reviewed for acceptance, and the Kearny Police Department will conduct an extensive background investigation. Upon successful completion of the background investigation, you will be contacted for a personal interview. The interview process is the final step in the application procedure, and successful completion of the interview process will result in an offer for one of the vacant volunteer positions.

Once again, the Kearny Police Department thanks you for your interest in the Domestic Violence Victim Response Team. We recognize the importance of the community in our endeavor to provide enhanced services to victims of domestic violence. Without the assistance of community volunteers it would not be possible to operate the Domestic Violence Victim Response Team.

Sincerely,
Chief John Dowie
JOHN DOWIE,
Chief of Police

KEARNY 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: _____

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 Kearny 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. _____

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)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Kearny Police Department's Domestic Violence Victim Response Team. Limit your explanation to no more than 150 words.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 Kearny 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 VICTIM RESPONSE TEAM

RELEASE AUTHORIZATION

To: All Courts, Probation Departments, Selective Service Boards, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the Kearny Police Department Domestic Violence Victim Response Team. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Kearny 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.

Signature

Date

Sworn and subscribed to
before me at _____
this date _____

Notary Public of New Jersey