

DVRT APPLICANT'S STATEMENT
(To be attached to DVRT Application)

I certify that the answers that I have given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in the selection process for membership on the Bloomfield Police Department, Domestic Violence Response Team-DVRT.

This application for DVRT membership shall be considered active for one year from the date of application, unless I withdraw it before then. An applicant wishing to be considered for membership on the DVRT Team beyond one year must reapply.

I hereby understand and acknowledge that unless otherwise defined by applicable law, DVRT membership is an "at will" in nature. This means a DVRT member may resign at any time and that the team member may be discharged by the Coordinator(s) at any time with or without cause. It is further understood that this at-will relationship may not be changed by any written document.

I further understand that my selection as a DVRT member is at the discretion of the Bloomfield Police Department. The Bloomfield Police Department **may decline to select me and they do not have to provide a reason.**

I understand that if I have provided any false or misleading information in my application or interview(s), it may constitute grounds for discharge.

I understand also, that I am required to abide by all rules and regulations of the Bloomfield Police Department Domestic Violence Team. This will include the completion and certification of the required training.

Applicant's Signature

Date

APPLICATION FOR DOMESTIC VIOLENCE RESPONSE TEAM-DVRT

Name: _____ Date of Birth: _____

Current Address: _____ How Long? _____

Previous Address: (If less than 5 years): _____

Home Phone #: _____ Bus Phone: _____ Cell Phone: _____

Driver's License: _____ Soc Sec.# _____

Current Employer:

Name _____ How Long? _____

Address _____ Phone: _____

Have you ever been arrested Yes () No () If yes, please explain _____

Have you or any member of your family been a victim of Domestic Violence?

Yes () No () If yes, please explain _____

Have you ever been an assailant during Domestic Violence incident?

Yes () No () If yes, please explain: _____

Have you ever been treated for a mental illness? Yes () No () if yes,

Please explain: _____

List names, addresses and phone #'s of three (3) references (Excluding family):

1. _____

2. _____

3. _____

Please list days and hours of availability: _____

Applicant's Signature _____ Date: _____

Name: _____

What are your reasons for wanting to become a Domestic Response Team volunteer? _____

Do you have any education, Certifications or Special Skills that may assist you as a Domestic Volunteer Response Team volunteer? Yes () No ().
If yes, please explain in detail.

Would you be interested in a leadership and development role for DVRT?
Yes () No () If yes, please detail:
