

# Middletown Domestic Violence Response Team Volunteer Application

Please type or print all information

I. PERSONAL INFORMATION					
Name:	Sex:	Social Security #:	Date of Birth:	Place of Birth:	Marital Status:
Address (Street, City, State, Zip):					# of Years:
Previous Address (Street, City, State, Zip):					
Home Phone #:	Work Phone#:	Cell Phone#:	E-mail Address:		
Occupation:	Employer:			Length of Employment:	
Employer's Address:					
Dependents (relationship, age, sex):					
II. EDUCATIONAL DATA					
HIGH SCHOOL					
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
COLLEGE					
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
School:	Location:	Dates Attended:	Date Graduated:	Major:	Degree:
		-			
Number of Formal School Years:	List Any Degree(s) or Professional License(s):				
Are you proficient in any foreign language? Yes <input type="checkbox"/> No <input type="checkbox"/>			If so, what language? _____		
III. REFERENCES					
Give three (3) references that you have known well for at least five (5) years. All references should be responsible adults of reputable standing in their communities.					
Reference I					
Name:		Address:			
Occupation:	Employer:	Address:			
Home Phone #:	Work Phone #:	Number of Years Acquainted:			

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Reference II			
Name:		Address:	
Occupation:	Employer:	Address:	
Home Phone #:	Work Phone #:	Number of Years Acquainted:	

Reference III			
Name:		Address:	
Occupation:	Employer:	Address:	
Home Phone #:	Work Phone #:	Number of Years Acquainted:	

## IV. COURT RECORD

Have you ever been arrested, charged, or summoned with any offense including but not limited to criminal violations, disorderly persons offenses, or ordinance violations.      Yes  No

If the above answer is "yes" please complete the below information

Date:	Location:	Charge:	Disposition:	Details:

Do you have any prior involvement or experience with Domestic Violence, either as a victim or accused.      Yes  No

If the above answer is "yes" please complete the below information

Date:	Location:	Charge:	Disposition:	Details:

## V. DRIVING RECORD

Driver's License Number:	State:	Have you held a driver's license in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES" what state?
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## VI. REASON FOR APPLYING FOR A VOLUNTEER POSITION

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

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