



TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857
732-721-5600, Ext. 3310

Thomas J. Montagna
Chief of Police

Michael J. Snee
Captain

Domestic Violence Response Team
Volunteer Application Form

Name: _____ Date of Birth: _____

Current Address: _____

Previous Address (within 5 years): _____

Home Phone No.: _____ Cell Phone No.: _____

E-Mail Address: _____

Driver's License No.: _____ Social Security No.: _____

Employer: _____

Business Address: _____

Years Employed: _____ Work Phone No.: _____

Can we contact you at work? **Yes**____ **No**____ Work E-Mail Address: _____

Education: Highest Grade Level: _____ Degrees: _____

Do you read, write and speak English? **Yes**____ **No**____

List any specialized training:

Hobbies: _____

Previous Volunteer Experience: _____

Personal History:

Have you ever been convicted of a crime: **Yes**____ **No**____ If yes, please explain:

Are you an alcoholic? **Yes**____ **No**____ If yes, please explain:

Are you dependent upon the use of any narcotic or any other controlled dangerous substances, prescribed or illegal? **Yes**____ **No**____ If yes, please explain:

Have you even been confined or committed to a mental institution or hospital for treatment or observation of a mental/psychiatric condition? **Yes**____ **No**____ If yes, please explain:

Have you ever been convicted of any domestic violence related offenses? **Yes**____ **No**____
If yes, please explain: _____

Have you ever had or do you currently have a restraining order against you? **Yes**____ **No**____
If yes, please explain: _____

Have you ever had or do you currently have a restraining order against someone?
Yes____ **No**____

If yes, please explain: _____

Please note: Team members work on twelve (12) hour shifts - "A" shift is 6:00 a.m. to 6:00 p.m.; "B" shift is 6:00 p.m. to 6:00 a.m. Can you commit to a minimum of two (2) twelve (12) hour shifts per month? **Yes**____ **No**____

On a separate sheet of paper, please write or type your comments on domestic violence and why you would like to be a part of the Domestic Violence Response Team.

The undersigned is applying as a volunteer with the Old Bridge Police Department Domestic Violence Response Team. The information provided in this application is true and accurate to the best of my knowledge.

Signature

Print Name

Date

Mail completed application to:

Captain Michael J. Snee
Old Bridge Police Department
One Old Bridge Plaza
Old Bridge, NJ 08857