Department of Sexual Assault and Crime Victim Assistance
APPLICATION FOR DOMESTIC VIOLENCE RESPONSE TEAM

PERSONAL HISTORY

_____ _____-____-_____
Full name: Last, First, Middle Social Security Number

Date of birth: ____/____/_____ Place of birth: _____
Month, Day, Year City, State/Country

Permanent Address: _____
(Street, City, State, Zip Code)

How long have you resided at your Permanent Address? _____

Campus or Local Address (if different from above):

_____
(Street, City, State, Zip Code)

Local Phone #: (_____)_____-_____ Cell Phone #: (_____)_____-_____

Email address: _____

School or College: _____ Expected Graduation Date: _____

EDUCATIONAL DATA

List schools attended. Include name of school, location, dates attended "from - to", course pursued, date graduated, degrees or diplomas.

_____
_____
_____
_____

What professional license(s) do you possess?
_____

List your proficiency in any foreign language as "slight", "good", "fluent":

LANGUAGE SPEAK UNDERSTAND READ WRITE
_____
_____
_____

COURT RECORD

Have you ever been convicted of violating any law since age 18?
YES_____ NO_____ If "yes", give date, place, charge, disposition and details:

_____
_____
_____

REASON FOR APPLYING FOR VOLUNTEERING

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

_____
_____
_____
_____

(Use an additional sheet if necessary.)

Please explain your reasons for applying as a volunteer to the Rutgers University Domestic Violence Response Team.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Use an additional sheet if necessary.)

I understand that any appointment tendered me will be contingent upon the results of my criminal and judicial background checks and successful completion of training. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Rutgers University Domestic Violence 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

Please return to Lisa Smith, Department of Sexual Assault Services and
Crime Victim Assistance, 3 Bartlett Street, CAC