



**SALEM POLICE DEPARTMENT  
DOMESTIC VIOLENCE RESPONSE TEAM  
VOLUNTEER APPLICATION**



**Failure to disclose full or partial information on this application may result in disqualification.**

<b>FIRST NAME</b>	<b>LAST</b>	<b>MIDDLE</b>
<b>ADDITIONAL NAMES USED</b>		

THE FOLLOWING INFORMATION IS CONFIDENTIAL

<b>MAILING ADDRESS</b> Street:	<b>Apt. #:</b>
City:	State: Zip Code:
<b>HOUSE ADDRESS</b> Street:	<b>Apt. #:</b>
City:	State: Zip Code:

<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>WORK PHONE</b>
<b>EMAIL CHECKED REGULARLY</b>		

<b>SOCIAL SECURITY #</b>	<b>OREGON DRIVERS LICENCE #</b>	<b>GENDER</b> M F
		<b>Other:</b>
<b>DATE OF BIRTH</b> ____/____/____	<b>OTHER STATES YOU HAVE LIVED IN WITHIN THE LAST 20 YEARS</b>	<b>OTHER COUNTIES IN OREGON YOU HAVE LIVED IN</b>

<b>LANGUAGE PROFICIENCY, OTHER THAN ENGLISH:</b>
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<b>HOW DID YOU HEAR ABOUT THE DVRT PROGRAM?</b>
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<b>WHAT IS YOUR INTEREST IN DVRT?</b>
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<b>PLEASE BRIEFLY EXPLAIN YOUR CURRENT UNDERSTANDING OF THE DYNAMICS OF DOMESTIC ABUSE:</b>
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**HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIMINAL OFFENSE IN OREGON? THIS INCLUDES BEING CITED (GIVEN A TICKET) AND RELEASED. If yes, please list date, location, offense and disposition.**

**HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIMINAL OFFENSE IN A STATE ASIDE FROM OREGON? THIS INCLUDES BEING CITED (GIVEN A TICKET) AND RELEASED. If yes, please list date, location, offense and disposition.**

**HAVE YOU EVER BEEN THE RESPONDENT (PERSON BEING SERVED) OF A RESTRAINING ORDER? If yes, please list state and county where the order originated.**

**HAVE YOU EVER BEEN COURT REFERRED OR SELF REFERRED TO A DOMESTIC VIOLENCE INTERVENTION PROGRAM? If yes, please list program name and state.**

**HAVE YOU USED ILLEGAL DRUGS IN THE LAST 5 YEARS? If yes, please explain.**

**HOW LONG OF A COMMITMENT DO YOU FORESEE YOURSELF MAKING TO THIS PROGRAM?**

**DO YOU CURRENTLY WORK WITH CRIMINAL OFFENDERS IN ANY CAPACITY?**

**PLEASE LIST ANYONE OVER THE AGE OF 18 THAT ALSO LIVES WITH YOU.**

**PLEASE GIVE A GENERAL IDEA OF WHAT SHIFTS YOU WOULD BE AVAILABLE FOR:**

Daytime only (8:30am - 5:30pm)  
Evening only (5:30pm - 8:30am)  
24-hour shifts (8:30am - 8:30am or 5:30pm - 5:30pm)  
During the week only  
Weekends only  
Both during the week and weekends

**FOR SAFETY RELATED REASONS, VOLUNTEERS MUST BE ABLE TO MONITOR RADIO TRAFFIC, COMMUNICATE VIA POLICE RADIO, MOVE QUICKLY, NEGOTIATE STEPS, AND ADAPT TO A VARIETY OF UNPREDICTABLE SITUATIONS THAT MAY ARISE. CAN YOU FORESEE ANY PROBLEMS OR ISSUES RELATED TO THIS THAT YOU MIGHT HAVE? If yes, please explain.**

**VOLUNTEERS RESPOND TO CALLS IN THEIR PERSONAL VEHICLES. SALEM POLICE DOES NOT PROVIDE VEHICLES OR REIMBURSEMENT FOR MILEAGE/GASOLINE EXPENSES. PROOF OF INSURANCE WILL BE NEEDED UPON ACCEPTANCE INTO THE PROGRAM. DO YOU HAVE A VEHICLE AVAILABLE TO USE?**

<b>EDUCATION:</b> <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> College      Degree:
<b>PLEASE LIST OTHER RELEVANT TRAINING:</b>

<b>EMPLOYMENT HISTORY: List your history starting with your most recent job. Include part time and volunteer jobs.</b>	
Employer	Job title
Mailing address	Supervisor Name
Supervisor Phone:	Dates Employed From ___/___/___ To ___/___/___
Duties	Reason you left
Employer	Job title
Mailing address	Supervisor Name
Supervisor Phone:	Dates Employed From ___/___/___ To ___/___/___
Duties	Reason you left
Employer	Job title
Mailing address	Supervisor Name
Supervisor Phone:	Dates Employed From ___/___/___ To ___/___/___
Duties	Reason you left
Employer	Job title
Mailing address	Supervisor Name
Supervisor Phone:	Dates Employed From ___/___/___ To ___/___/___
Duties	Reason you left

**PERSONAL REFERENCES: Please list persons who you are NOT related to you and who are NOT considered your significant other. Do not repeat names of supervisors listed under work history.**

<b>NAME</b>	<b>RELATIONSHIP</b>
<b>MAILING ADDRESS</b>	<b>PHONE NUMBER(S)</b>

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**PRE-VOLUNTEER EMPLOYMENT AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION**

I certify that I have completed the above questions and have to the best of my knowledge stated the truth. I understand and agree that being accepted as a volunteer with the Salem Police Department's Domestic Violence Response Team is contingent upon investigation of my background, including but not limited to character, criminal and arrest history, past employment and education, driving record, as well as my performance during training and probationary periods.

I further understand that this document, signed by me, authorizes the Salem Police Department to investigate employment records, criminal records, and any other records necessary to determine my job-related qualifications for a volunteer position with Salem Police Department.

Should any of the statements or claims stated herein be found false or misleading, I fully understand that I may be terminated or disqualified from placement considerations with the Salem Police Department.

I hereby release you, your organizations, and all persons whomsoever from any charge of furnishing said information.

<b>PRINT FULL NAME</b>	<b>DATE</b>
<b>SIGN FULL NAME</b>	<b>DATE</b>

**Upon receiving your application, the DVRT Program Coordinator will review your application. If you meet program qualifications, you will be contacted to schedule an interview. Applicants who successfully complete the interview process will be contacted with information on upcoming training dates. Please know that completion of the DVRT training does not automatically grant you acceptance into the program. Placement is a decision of the DVRT Coordinator and Salem Police Department.**

**For questions call: 503-588-6499 x1**

**Please return your completed application to:**

Salem Police Department DVRT Coordinator  
 333 Division St NE  
 Salem, OR 97301  
 Or fax to: 503-588-6004