



TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857
732-721-5600, Ext. 3310 Fax: 732-607-7938

William A. Volkert
Chief of Police

Donald F. Fritz, Jr.
Captain

DOMESTIC VIOLENCE RESPONSE TEAM

VOLUNTEER INFORMATION

The Old Bridge Domestic Violence Response Team (“DVRT”) is a volunteer organization that provides assistance to victims of domestic violence. Team members assist all victims of domestic violence regardless of gender, sexual orientation, ethnic background, race or religion.

Applicants will be interviewed and a background investigation will be conducted.

All new team members are required to attend forty (40) hours of training. Training is conducted during evening and/or weekend hours. Upon completion of the mandatory training, new members will respond to Police Headquarters for field training with a veteran team member. Meetings are held twice a month and team members are required to attend.

Team members are required to be “on call” a minimum of two (2) shifts per month or more, if needed. When “on call”, team members must be accessible by phone during their shift. A team member will be contacted by the Police Department to respond to headquarters to assist a victim. Team members are expected to respond immediately when contacted.

While assisting a victim of domestic violence, the team member explains all options to the victim and guides them through the process involved in receiving help either through a restraining order, a shelter, counseling groups or any other options available.

In addition to the above, the Domestic Violence Response Team participates in several community events. These events are held to promote public awareness and education on domestic violence. All team members are required to participate in as many events as possible.

To apply as a volunteer, please print and complete the application and return to:

Captain Donald F. Fritz, Jr.
Old Bridge Police Department
One Old Bridge Plaza
Old Bridge, NJ 08857



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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 Donald F. Fritz, Jr.
Old Bridge Police Department
One Old Bridge Plaza
Old Bridge, NJ 08857