



Operation CeaseFire Jersey City Outreach Volunteer Application Form



Return completed form to JCPD Community Relations – 384 MLK Drive – JC, NJ 07305
Phone 201-547-5682 Fax 201-547-5971

Last Name: _____ First Name: _____ Middle: _____

Street Address _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E Mail: _____ Days Available: _____ Times: _____

Date of Birth: _____ Social Security #: _____

Medical Alerts/ Illness: _____

In case of emergency contact: _____

Address: _____ Phone: _____ Cell: _____

Are you a citizen of the United States? _____ If no, are you authorized to be in the USA? _____

Do you have a valid driver's license? _____ License # _____

Have you ever been arrested? _____ If yes, explain _____

Have you been convicted of a crime? _____ If yes, explain _____

Are you currently on probation? _____ If yes, explain _____

Are you currently on parole? _____ Parole officer _____

Are you required to register for Megan's Law? _____ If yes, explain _____

Are you currently involved with D.Y.F.S.? _____ If yes, explain _____

Military Service (if applicable) –Branch _____ Rank _____ Type Discharge: _____

Do you speak a language other than English? _____ If yes, which language? _____

I certify that all of my answers above are true to the best of my knowledge. By signing my name in the space below, I agree to have a background check conducted by the Jersey City Police Department and/or the New Jersey State Police. I also understand that any false or misleading information may result in forfeiting my eligibility to participate as a volunteer in Operation CeaseFire.

Signature: _____

Printed Name: _____ Date: _____