

# Gillette Police Department

## Victim Services

### Crisis Response Team Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home, Work, Cell, Other

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been arrested? Yes No When? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Are you fluent in a second language? Yes No If yes, please specify: \_\_\_\_\_

List professional, trade, civic activities, and offices held: \_\_\_\_\_

Have you ever applied for a position and/or been employed by the City of Gillette or the Gillette Police Department? Yes No If yes, when? \_\_\_\_\_

Please provide two personal references other than family members and/or previous employers:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list your last two employers:

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title/description: \_\_\_\_\_ Job title/description: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Please describe the special skills, qualifications, interests, and experiences that you would bring to the Crisis Response Team as a volunteer advocate:

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Please state your reasons for applying to become a member of the Gillette Police Department Crisis Response Team:

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Please provide any additional information you believe might be helpful when considering your application:

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#### STATEMENT AND BACKGROUND INVESTIGATION WAIVER

I certify that the personal information given herein is true and complete to the best of my knowledge. Upon acceptance as a volunteer for the Crisis Response Team, I understand that false or misleading information may result in immediate termination. I agree to abide by all policies and procedures of the Gillette Police Department and Victim Services Program.

I authorize an investigation of all statements contained in this application as may be necessary in making a decision concerning acceptance or rejection as a volunteer advocate. I understand that this application is not a contract of employment.

I hereby authorize the Gillette Police Department to conduct an intensive background investigation on my person, to include an interview of my past and present employers and personal references listed herein. I recognize that any and all information obtained during this investigation will be held strictly confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please submit your fingerprints with this application. Notify the police department that you are applying for acceptance to the Crisis Response Team to receive this service without charge. Hours for fingerprints are: Monday, Wednesday, and Friday 1:00 p.m. – 4:30 p.m. \*\***