**MALVERNE POLICE RESERVE**
**1 ARLINGTON AVE**
**MALVERNE, NEW YORK 11565**
**(516) 887-9113**

# MEMBERSHIP APPLICATION

Name: _____ Date: _____

Street Address: _____

City: _____

State: _____ Zip: _____

How long have you lived at this address? _____ Years _____ Months

If present address is less than 3 years, list prior address:

_____

Home Phone: _____ Cell _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Social Sec. No. _____ Occupation: _____

Employer: _____

Street Address: _____

City: _____

State: _____ Zip: _____ Years of Service: _____

Phone: _____ Supervisor: _____

If you have been employed with your present employer for less than 3 years, list prior employer and address:

_____

Have you ever been terminated from any place of employment for cause? If yes, give details (attach additional pages, if necessary):

_____

_____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

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Do you speak any languages other than English?_____

Emergency Contact: _____ Phone:_____

Military Service: _____ Education:_____

List three (3) personal references other than relatives and Police Officers. Provide name, address, and telephone numbers.

1) _____

2)_____

3)_____

Are you currently a member of any other volunteer organization?_____

Organization:_____

Contact Person:_____Phone:_____

How did you find out about the Police Reserve?_____

Briefly explain why you want to become a member of the Malverne Police Reserve.
Check any that apply
(☐) Give back to the community
(☐) Professional development
(☐) Improve safety in the community
(☐) Desire to become more involved in the community
(☐) Other _____

Have you ever been arrested? (☐) Yes (☐) No
If yes, give details including outcome (attach additional pages, if necessary):
_____

_____

Have you ever received a summons (other than parking)?(☐) Yes (☐) No
If yes, give details including outcome (attach additional pages, if necessary):
_____

_____

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## MEDICAL HISTORY

Name:_____ Date:_____

1. Are you in good health?_____

2. Have you ever been discharged from military service due to any physical or mental reasons?_____

3. Do you have any medical condition which may limit your ability to serve as a Reserve Officer?

4. To what extent do you consume alcohol? (Select one)
   - (☐) None
   - (☐) Less than 1 drink per week
   - (☐) 1-4 drinks per week
   - (☐) 4-8 drinks per week
   - (☐) 8 or more drinks per week

5. Are you presently, or have you used any illegal drugs in the last three (3) years? (if, yes please describe)
_____

6. Have you ever had, been told that you had, consulted or been treated by a physician or other practitioner for any of the following (check all that apply)

   - (☐) Nervous or mental symptoms, epilepsy, convulsions or depression?
   - (☐) Disease of the heart or blood?
   - (☐) Lung disorder, asthma, persistent cough, bronchitis or tuberculosis?
   - (☐) Any chest pains, shortness of breath, coronary artery disease or angina pectoris?
   - (☐) Increased or abnormal blood pressure?
   - (☐) Stomach or intestinal disorder?
   - (☐) Diabetes?
   - (☐) Dizziness, severe headaches or loss of consciousness?
   - (☐) Have you had any surgical operations? (if yes, please describe)

_____

_____

7. Have you had any of the following in the past 5 years:

X-rays?_____ Date: _____
Electrocardiogram? _____ Date: _____
Blood Examinations or other studies? _____ Date: _____

8. When was your last medical examination?_____

9. Are you currently taking any prescription drugs?_____
(If yes, please list them, attach additional pages if necessary)
_____

10. Other than information provided above, during the past five (5) years have you:

Consulted, been treated or examined by a physician or practitioner?_____

Been treated, attended or examined by a physician requiring confinement in a hospital, clinic, sanitarium or related institution? _____

11. Have you had any significant weight gain or loss in the past five (5) years?_____

Use the space below to explain the details for any of the above question to which you answered yes, or for any other relevant information.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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## MOTOR VEHICLE INFORMATION

If you own more than one (1) vehicle, please provide information on your primary vehicle. Attach a photocopy of your driver's license, vehicle registration and insurance identification card to the back of this form.

Driver's License / Client ID Number:_____

State:_____

License Expiration Date:_____

License Plate No.:_____

Registration No.:_____

Registration Expiration Date:_____

Insurance ID No.:_____

Make:_____

Model:_____

Color:_____

Two (2) or Four (4) Door:_____

Additional information (if any):_____

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## GENERAL AVAILABILITY FOR DUTY

| DAY | TIME |
|---|---|
| Sunday | _____ |
| Monday | _____ |
| Tuesday | _____ |
| Wednesday | _____ |
| Thursday | _____ |
| Friday | _____ |
| Saturday | _____ |

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I, _____, am volunteering for, and making a commitment to the Malverne Police Reserve.

I understand that I am to be available fifty-two (52) weeks of the year, less time for vacation. I will do all my scheduled tours of duty or, if I cannot, I will make arrangements as set forth in the rules and regulations of the Malverne Police Reserve.

I also understand that it is my responsibility to inform the appropriate authority as to my monthly availability as set forth in the rules and regulations of the Malverne Police Reserve.

I further understand that is my responsibility to be available for all special assignments and emergencies for which I may be called and that under such circumstances, it will be my priority to report for duty when called upon.

I understand that failure to follow the rules and regulations of the Malverne Police Reserve may result in disciplinary action being taken against me as prescribed by the rules and regulations.

After reading the above statement, I acknowledge that I fully understand and accept this commitment to the Malverne Police Reserve.

Signature: _____

Date: _____

Reserve Officer witnessing signature: _____

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## SIGNATURE PAGE

By signing this application, I certify that I have answered all the questions accurately and completely to the best of my ability and that I have fully disclosed all requested information.

I understand and acknowledge that application and attachments will be processed by the Malverne Police Department.

Applicant's signature: _____

Date: _____

Interviewed by: _____ Date: _____

Approved: ☐ Yes ☐ No

Approved by: _____ Date: _____

Sergeant Anthony Castellano, Malverne Police Department: _____

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## RELEASE OF INFORMATION

I,_____, the undersigned, hereby authorize the release to the Malverne Police Reserve and the Malverne Police Department of any and all records which may relate to my background, experience and qualifications for the position of Police Reserve Officer and, which reflect upon my merit and fitness for public service, including but not limited to: personal, employment, medical, physical and arrest records and reports.

I hereby authorize the release of any and all drug and, or alcohol rehabilitation records and reports and to execute any additional forms necessary to release such records upon request.

In addition, I agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use, and hereby acknowledge the validity of my signature on such duplicated copies.

Signature:_____ Date:_____

Address:_____

City:_____ State: _____ Zip Code: _____

State of New York )

County of Nassau ) ss:

On this _____day of _____, 20____

before me personally came_____

to me known to be the individual described herein and who executed the foregoing instrument and acknowledge that he (she) executed the same.

Signature:_____
Notary Public

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## INFORMATION SUMMARY

(To Be Completed By Commanding Officer)

Name:_____

Address:_____

Home Phone:_____ Work Phone:_____

Cell Phone: _____ Email:_____

Date Application Completed: _____

Date Interview Completed: _____

Uniforms and Equipment issued by_____

Date issued:_____

Date Training Completed: _____

Date of Oath of Office by Mayor _____

Reserve Officer shield no. _____ Issued on:_____

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## APPLICATION CHECKLIST

(To Be Completed By Application Processor)

- ☐ ☐ Membership Application (2 pages)
- ☐ ☐ Medical Report (2 pages)
- ☐ ☐ DMV Information
- ☐ ☐ Availability for Duty
- ☐ ☐ Commitment Agreement
- ☐ ☐ Employment Background
- ☐ ☐ Personal References (3)
- ☐ ☐ Notarized Release of Information
- ☐ ☐ Copy of Driver's License
- ☐ ☐ Copy of Vehicle Registration
- ☐ ☐ Copy of Vehicle Insurance ID
- ☐ ☐ Information Summary

Signature of Reserve Officer: _____

Date: _____

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## SOCIAL MEDIA DISCLOSURE AND REVIEW AUTHORIZATION

Malverne Police Reserve — Supplemental Application Form

Applicant's name:
Date:

Disclose any and all social media accounts, pages, profiles, channels, and blogs that you own, operate, control, or administer, individually or jointly. Include personal and professional accounts, alternate or anonymous accounts, public and private accounts, and inactive or deactivated accounts. Identify former user names and handles associated with each account to the best of your knowledge. There is no fixed lookback period for this disclosure.

For each entry, provide the platform, page or profile name, user name, handle, profile address if available, your role, and current status. Disclose identifying names and handles only—not passwords, authentication codes, recovery information, or other login credentials. If an account cannot be accessed or its address is unknown, state that and explain. Attach additional sheets as needed; identify each sheet with your name and date.

| Platform / page or profile name | User names / handles (current and former) | Profile address / URL | Your role / account status |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

If you have no accounts or pages within this scope, write "None" here:

**Authorization for review by the Chief of the Police Reserve**

I authorize the Chief of the Police Reserve to review the accounts and pages disclosed on this form as part of my application process. I agree to provide access for that review.

Publicly available content may be reviewed without login credentials. I agree to cooperate with a scheduled meeting to review the content of the disclosed pages. This authorization is limited to review of disclosed pages, profiles, and applicant-created social media content for application-related purposes. This form does not waive legal rights or authorize access prohibited by law.

I certify that the disclosures on this form and any attached continuation sheets are accurate and

complete to the best of my knowledge. I have not knowingly omitted an account, page, user name, or handle within the approved disclosure scope. I will promptly provide corrections and disclose new accounts or changes to identifying information while my application remains pending. I understand that a knowing material misstatement or omission may be considered in the application decision.

Applicant's signature: