



POPPA - PEER SUPPORT TEAM APPLICATION

Please print legibly when filling out this application. If a particular questions does not apply to you please indicate so by writing N/A (not applicable) in the space provided. Please sign and date the applications and return to the address noted on the reverse side of this page.

Personal Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ - _____ - _____ Tax ID # _____

Telephone # (____) _____ - _____ Pager # (____) _____ - _____ Pin: _____

Command: _____ Location: _____ Schedule: _____

Work # (____) _____ - _____ Number of years with NYCPD _____ Other

PD: _____

Current Rank: ? Police Officer ? Detective ? Sergeant

? Lieutenant ? Captain ? Other: _____

Marital Status: ? Single ? Married ? Domestic Partner

? Children: _____

Education: ? High School ? College Associate ? Bachelors

? Graduate ? Other _____

Are You Presently Enrolled in Any Educational Pursuits? (Describe):



Participation In Community Activities and Groups. Including Military Reserve Obligations. List How Many Hours per Month You Have Committed.

Membership in Police Fraternal and Professional Organizations (List names):

Are You Licensed or Certified in Any Specialty: ? Yes (please list) ? No

Supplemental Information:

List and describe any formal training that you have received in stress management, crisis interventions, post traumatic stress disorders, counseling, 12-step programs, etc. List and describe any related workshops or conferences:



Why do you want to become a Peer Support Team Member?

Please list any additional comments or information that you think would aide us in the Peer Support Selection Process.

Are your presently on any promotional or special assignment list:

? Yes ? No

If yes, please describe: _____

Are you or have you ever been on Chronic Sick List ? Yes ? No

I do hereby certify that all statement made in this application are true and correct.

Date: _____

Print Name: _____ **Signature:** _____

Please return this application to:

**POPPA
Attn: William Genet
26 Broadway, Suite 1640
New York, NY 10004**