



**MALVERNE POLICE RESERVE**  
**99 CHURCH STREET**  
**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):

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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)  
\_\_\_\_\_  
\_\_\_\_\_



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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

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Monday

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Tuesday

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Wednesday

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Thursday

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Friday

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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 it 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 and reviewed by the Chief of Police.

Applicant's signature: \_\_\_\_\_

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

Interviewed by: \_\_\_\_\_

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

Approved: ( ) Yes ( ) No

Approved by: \_\_\_\_\_

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

John Aresta, Chief of Police: \_\_\_\_\_





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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: \_\_\_\_\_

Approved by Chief of Police: ( ) Yes ( ) No Date: \_\_\_\_\_

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
- ☐ Fingerprint Card
- ☐ Information Summary

Signature of Reserve Officer:\_\_\_\_\_

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