



**POPPA - PEER SUPPORT OFFICER APPLICATION**

**Please print legibly when filling out this application.** If a particular question does not apply to you, please indicate so by writing **N/A** (Not Applicable) in the space provided. Please sign & date the application and return to the address noted on the last page.

**Personal Information:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Tax ID #** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Command:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Schedule:** \_\_\_\_\_

**Work #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Number of Years with NYPD** \_\_\_\_\_

*Other PD:* \_\_\_\_\_

**Current Rank:**  Police Officer     Detective     Sergeant     Lieutenant  
 Captain     Other: \_\_\_\_\_

**Marital Status:**  Single     Married     Divorced     Children: \_\_\_\_\_

**Education:**  High School  College     Associates     Bachelors  
 Graduate     Other: \_\_\_\_\_

**Are you presently enrolled in any educational pursuits? (Please describe):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participation in community activities and/or groups including Military Reserve obligations.**  
*List How Many Hours per Month You Have Committed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership in Police Fraternal and/or 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:

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

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**Please list any additional comments or information that you think would aide us in the Peer Support selection process.**

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**Are you 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 statements made in this application are true and correct.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

**Please return this application to:**

**POPPA  
Attn: John Petrullo  
RE: PSO Recruitment  
32 Broadway, Suite 1401  
New York, NY 10004**