

**PLEASE PRINT**

**VOLUNTEER APPLICATION**

<b>PERSONAL INFORMATION:</b>	
Name:	
Address ( <i>including City and Postal Code</i> ):	
Home Phone:	Cell:
Email:	
DOB:	

<b>VOLUNTEER EXPERIENCE (INCLUDING PREVIOUS RJ TRAINING AND VOLUNTEERING):</b>			
Agency	Address	Position	DATES
1			
2			
3			
4			
5			

<b>TIMES AVAILABLE FOR VOLUNTEERING:</b>		<b>OTHER AVAILABILITY:</b>
<input type="checkbox"/> Monday A.M.	<input type="checkbox"/> Monday P.M.	
<input type="checkbox"/> Tuesday A.M.	<input type="checkbox"/> Tuesday P.M.	
<input type="checkbox"/> Wednesday A.M.	<input type="checkbox"/> Wednesday P.M.	
<input type="checkbox"/> Thursday A.M.	<input type="checkbox"/> Thursday P.M.	
<input type="checkbox"/> Friday A.M.	<input type="checkbox"/> Friday P.M.	

**PLEASE TELL US WHY YOU WANT TO VOLUNTEER WITH NPD RESTORATIVE JUSTICE:**


**REFERENCES:**

Name	Relationship	Contact Information (telephone)
1		
2		

**REQUIREMENTS FOR VOLUNTEERING:**

1 Criminal Record Check (form and letter will be supplied to you to submit to your local NPD detachment.)

2 Resume

3 Signed Confidentiality Agreement

4 Two-year commitment and a willingness to attend ongoing training and meetings

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE ONLY**

CRC ☐

Resume ☐

Oath ☐

References 1. ☐ 2. ☐