

ACJC VOLUNTEER APPLICATION FORM (Sept 2018))

Date: _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone Number: _____

Home Work Mobile

Date of Birth: _____ Email: _____

Language Spoken: English French Cantonese Spanish
 Other (please specify) _____

Please note that ACJC meets monthly and that the expectation is to attend all meetings. There will also be training offered periodically which may be optional or be required. If two consecutive meetings missed committee member could be asked to step down.

Current Employer: _____

Do you have a valid Driver's License? _____ Driver's License number _____

1. Why do you want to be a volunteer for the Assiniboine Community Justice Committee? _____

2. Have you any academic or other qualifications or experience which you feel you could utilize as a volunteer?
Please specify. _____

3. Please explain your knowledge of Restorative Justice. _____

4. Have you ever received service from or volunteered with any John Howard Society within the last (5) five years? Yes ___ No ___ (If yes, please specify) _____

5. Have you ever been convicted of an offence of which you have not been granted a pardon?
Yes ___ No ___

6. Are you computer literate? If yes, what software do you have working knowledge of? _____