

THE CONFLICT RESOLUTION CENTER

Member of Mediation Network of North Carolina

P. O. Box 1222, 218-A Main Ave. East, Hildebran, NC 28637

Phone (828) 397-2566

Fax (828) 397-2954

APPLICATION for Restorative Justice Youth Volunteer

NAME: _____ **D.O.B.:** _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PARENT CONTACT CELL: _____ **STUDENT CELL:** _____

EMAIL: _____

CURRENT SCHOOL _____

CURRENT GRADE : 9 10 11

EMPLOYER ADDRESS: _____

Community Affiliations: _____

CURRENT of PREVIOUS VOLUNTEERISM:

<i>Agency</i>	<i>Date of Volunteer Work</i>	<i>Contact Information</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle Meetings are scheduled 1 time per month in Burke and Caldwell Counties & 2 times per month in Catawba County. The volunteer commitment will be for one full year to include the summer months. I will agree to participate 4 to 6 times per year for approximately 3.5 hours on a weeknight.

Are you available to attend Circle Meetings on these regularly scheduled dates? *Yes* *No*

Have you ever been convicted of a misdemeanor or felony? **Yes** **No**

If yes, describe offense and date and other relevant information you would like to include.

Have you ever been convicted of a traffic violation? **Yes** **No**

If yes, describe offense and date and other relevant information you would like to include.

(OVER)

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APPLICATION for Restorative Justice Youth Volunteer

Provide the names, address, phone numbers and email for three local references:

Email to: restorativejustice2566@gmail.com

(NAME)

(NAME)

(ADDRESS)

(ADDRESS)

(Email ADDRESS)

(Email ADDRESS)

(Phone No.) Recommendation letter attached or
emailed

(Phone No.) Recommendation letter attached or
emailed

(NAME)

(ADDRESS & PHONE)

(Email ADDRESS)

(Phone No.) Recommendation letter attached or
emailed

I agree to be nominated as a Conflict Resolution Center Restorative Justice Youth Volunteer. If approved, I understand the commitment is for one academic year and the summer. I attest that the information included on this application is true and accurate.

SIGNATURE OF YOUTH VOLUNTEER

DATE: ___ / ___ / ___

SIGNATURE OF PARENT OR GUARDIAN

DATE: ___ / ___ / ___

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF SCHOOL REPRESENTATIVE

DATE: ___ / ___ / ___

PRINTED NAME OF SCHOOL REPRESENTATIVE

Email to: restorativejustice2566@gmail.com Fax: 828-397-2954 (CRC Contact: Chris White: (336)340-2456)