

**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 Volunteer**

**NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**Community Affiliations:** \_\_\_\_\_  
\_\_\_\_\_

**CURRENT or 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 on a rotating basis. 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.*

*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.*

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

**I Agree to a criminal records check being done by the CRC.**

