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 ADDRES	SS:		
CITY, STATE, ZIP:			
HOME PHONE:	CELL:		
EMAIL:		FAX #:	
EMPLOYER ADDR	ESS:		
Community Affiliation	ons:		
CURRENT or PREV	TOUS VOLUNTEERISM:		
Agency	Date of Volunteer Work	Contact Information	
Catawba County on a summer months. I wi	cheduled 1 time per month in Burke and Caldw rotating basis. The volunteer commitment wil Il agree to participate 4 to 6 times per year. ttend Circle Meetings on these regularly sched	ll be for one full year to include the	
Have you ever been c	convicted of a misdemeanor or felony?	Yes No	
•	onvicted of a traffic violation? Yes and date and other relevant information you w	No vould like to include.	
∐ I Agree to a cri	iminal records check being done by the	e CRC.	

© 2020 CRC-RJ – Form 2 (A) – Volunteer Application

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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 Counderstand the commitment is for one full year. I attest t and accurate.	Center Restorative Justice Volunteer. If approved, I hat the information included on this application is true	
	DATE:	
SIGNATURE OF VOLUNTEER		
Email to: restorativejustice2566@gmail.com		
	Official Office Use: Records Check Completed: References: Approved: Declined:	