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: _		
HOME PHONE:	CELL:	
EMAIL:		
EMPLOYER ADDRESS	·	
Community Affiliations:		
CURRENT or PREVIOU Agency	Date of Volunteer Work	Contact Information
	cted of a misdemeanor or felony?	
Have you ever been convi	cted of a traffic violation?	
☑ I Agree to a crimin	nal records check being done by the CRC.	

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APPLICATION for Restorative Justice 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 of understand 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: crccwhite@gmail.com	
	Official Office Use: Records Check Completed: References: Approved: Declined: