

**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.:** \_\_\_\_\_

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

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

**PARENT CONTACT- CELL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_  
(home, work)

**EMAIL:** \_\_\_\_\_

**CURRENT SCHOOL** \_\_\_\_\_

**CURRENT GRADE :**  9  10  11

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

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

**CURRENT or PREVIOUS VOLUNTEERISM:**

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

*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.*

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

(over)

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

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(Email ADDRESS)

\_\_\_\_\_  
(Email ADDRESS)

\_\_\_\_\_  
(Phone No.)       Recommendation letter attached

\_\_\_\_\_  
(Phone No.)       Recommendation letter attached

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS & PHONE)

\_\_\_\_\_  
(Email ADDRESS)

\_\_\_\_\_  
(Phone No.)       Recommendation letter attached

I agree to be nominated for The 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**