

GOVERNMENT OF JAMAICA  
MINISTRY OF JUSTICE



# Application Form- Restorative Justice Facilitators

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. **You must be 18 years of age or older to apply.** The information disclosed herewith will be held in the strictest confidence and will only be used for official purposes.

Please include the following documents with your Application: **1. Copy of Birth Certificate or Copy of TRN. 2. Copy of National ID card or Passport or Driver’s License. 3. ONE Passport size Photo. 4. Proof of current address. 5. A POLICE RECORD and Children’s Registry Report will also be required, the Ministry of Justice will assist in this.**

Section 1: Applicant Information			
1. Surname (Last Name)		(Passport Picture)	
2. First and Middle Names			
3. Maiden Name if Applicable:			
4. Previous name if name has been changed other than by marriage:			
5. Date of Birth: ____ / ____ / ____ day      month      year	6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Home Address:			
8. City/Town		9. Parish:	
9. Home Phone:	10. Work Phone:	11. Other Phone:	12. Fax:
13. Email Address:		14. Alternative Email Address:	
15. Mailing Address, if different from above:		16. Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Educational Background				
Name of School	Address	When did or will you Graduate?	Degree Received or pending?	Major /Area of Focus
<b>Post Graduate</b> (for example a Masters Level Degree)				
<b>University/College</b> (Undergraduate, for example a Bachelor’s or Associate Degree)				
<b>Technical Vocational/Skills Training</b>				
<b>High School</b>				
<b>Have you passed the following CXC/CSEC Subjects?</b> Mathematics <input type="checkbox"/> Yes <input type="checkbox"/> No                      English Language <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any other training, credentials, qualifications, professional licenses or affiliations or skills which you feel would make you especially suited to be a Restorative Justice Facilitator that you would like to share at this time? If so, please list or describe them. (more space is provided at back of form)				



Please detail the contact information of three (3) Character References. References may be a Justice of the Peace, Minister of Religion, Inspector of Police (include division), Attorney-at-law, School Principal or Lecturer.

Section 4: Reference Information			
Last Name:		First and Middle Name	
Position		Relationship to you	
Work/ Home or Mailing Address:		City/Town:	Parish:
Work Phone:	Home Phone:	Other Phone:	Fax Number:
Email Address:		Other Email Address:	
Last Name:		First and Middle Name	
Position		Relationship to you	
Work / Home or Mailing Address:		City/Town:	Parish:
Work Phone:	Home Phone:	Other Phone:	Fax Number:
Email Address:		Other Email Address:	
Last Name:		First and Middle Name:	
Position		Relationship to you	
Work/ Home or Mailing Address		City/Town:	Parish:
Work phone:	Home Phone:	Other Phone:	Fax Number:
Email Address		Other Email Address	

This section will allow you to give us information that will help us know how to schedule your service.

Section 5: Work Preferences			
Please select the days and times that you are able to volunteer. Morning Sessions will be <b>8:00 a.m. to 12:00 noon.</b> Afternoon Sessions will be <b>12:00 noon to 5:00 p.m.</b> Evening Sessions will be <b>5:00 p.m. and after</b>			
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Are there any specific communities in which you would prefer to serve? If so, Please list them in order of preference from most preferred at number one to least preferred at number 4.			
1 _____		3 _____	
2 _____		4 _____	
Do you have any physical disabilities that we might need to make special arrangements to accommodate? If so, please describe them.			

**Supplementary Information**

Please use this space to clarify or provide any additional information that is relevant to your consideration as a RJ Facilitator

I accept the invitation to volunteer my services as a Restorative Justice Facilitator and certify that the information contained in this application form is accurate and complete. I pledge that in my work with the Restorative Justice Programme, I will not divulge or discuss any matter relating to either the victim or the offender or any other information of a sensitive or confidential nature. I am willing to accept advanced training in Restorative Justice. I also consent for the Ministry of Justice to acquire a Police Record and Children’s Registry Report on my behalf.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**Documents Checklist**

- ONE Passport Sized Picture
- Police Report
- Copy of Birth Certificate
- Copy of TRN
- Copy of National ID Card or Drivers License or Passport
- Proof of Current Address
- Children’s Registry Report

Certified by \_\_\_\_\_ Date \_\_\_\_\_

Application Received by:

Last Name : \_\_\_\_\_

First Name \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

Last Name : \_\_\_\_\_

First Name \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_