



# Volunteer Form - Restorative Justice

**PLEASE TYPE OR PRINT** Kindly complete all sections of the form.

Please include the following with your form: **1. Copy of National ID card or Passport or Driver's License** **2. ONE Passport size Photo.**

Section 1: Volunteer 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: [ ] Male      [ ] 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? [ ] Yes [ ] No	

Section 2: Educational Level (Please give details in appropriate spaces)
<b>Post Graduate</b> <i>(for example a Masters Level Degree)</i>
<b>University/College</b> <i>(Undergraduate, for example a Bachelor's or Associate Degree)</i>
<b>Technical Vocational/Skills Training</b>
<b>High or Secondary School</b>
Do you have any other training, credentials, qualifications, professional licenses or affiliations or skills which you would like to utilize in volunteering? If so, please list or describe them. <i>(more space is provided at back of form)</i>

Section 3: Current Employment		
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(Kindly tick appropriate response)</i>		
Job title/Profession:		
Date Employed From: ____ / ____ / ____      To: ____ / ____ / ____ month      year      month      year		Name of Employer/Organisation Name and Address :
Name of Supervisor:	Telephone Number :	Fax Number :

**Section 4: Voluntary /Community Experience**

Please give reason/s for volunteering:

For what period of time are you able to volunteer: 4wks - 3mths  3mths – 6mths  6mths – 1yr  1yr or more  open   
 (Kindly tick appropriate response)

Please indicate preferred times for volunteering: (Kindly tick)

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning:							
Afternoon:							
Evening:							
All Day:							

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 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_

Do you have any physical disabilities that we might need to make special arrangements to accommodate? If so, please describe them.

Please detail the contact information of two (2) 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, previous or current employer.

**Section 5: Reference Information**

<b>Last Name:</b>		<b>First and Middle Name:</b>	
<b>Position:</b>		<b>Relationship to you:</b>	
<b>Work/ Home or Mailing Address:</b>		<b>City/Town:</b>	<b>Parish:</b>
<b>Work Phone:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Fax Number:</b>
<b>Email Address:</b>		<b>Other Email Address:</b>	
<b>Last Name:</b>		<b>First and Middle Name:</b>	
<b>Position:</b>		<b>Relationship to you:</b>	
<b>Work / Home or Mailing Address:</b>		<b>City/Town:</b>	<b>Parish:</b>
<b>Work Phone:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>	<b>Fax Number:</b>
<b>Email Address:</b>		<b>Other Email Address:</b>	

I accept the invitation to volunteer my services at the Restorative Justice Centre and certify that the information contained in this application form is accurate and complete. I pledge that in my work with the Restorative Justice Centre, 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 also consent for the Ministry of Justice to acquire a Police Record and Children’s Registry Report on my behalf.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**FOR OFFICIAL USE ONLY**

**Documents Checklist**

- ONE Passport Sized Picture
- Copy of National ID Card or Drivers License or Passport
- Police Report
- Children's Registry Report

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

Application Received by:

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

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

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

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

Approved by:

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

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

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

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

Recommended area/s of service for volunteer: