



GOVERNMENT OF JAMAICA
MINISTRY OF JUSTICE

Application Form- Restorative Justice Facilitators

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.

Section 1: Applicant Information

1. Surname (Last Name)		2. First	
3. Middle Name		4. Alias or other Name	
Title : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Reverend <input type="checkbox"/> Dr.			
Are you a Justice Peace <input type="checkbox"/> Yes or <input type="checkbox"/> No		Are you a Marriage Officer <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If Yes : What is your Seal No. #			
5. Date of Birth: _____/_____/_____		6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
day month year			
7. Home Address:			
8. City/Town		9. Parish:	
9. Home Phone:		10. Mobile Phone:	11. Work Phone:
12. Email Address:			
13. Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered Yes please provide an explanation :			

Section 2: Educational Background

Highest Degree Obtained

Primary School High School Some College/University Graduate /Professional Degree Doctorate

Section3: Employment History

Date Employed (most recent position)		Name of Employer/Organisation Name and Address :	
From: _____/_____/_____			
month year To: month year			
Name of Supervisor:		Telephone Number :	
Position and Major Duties:		Reason for Leaving:	
I am currently Unemployed <input type="checkbox"/> Yes or <input type="checkbox"/> No			
I am Retired <input type="checkbox"/> Yes or <input type="checkbox"/> No			

Section 4: Voluntary /Community Experience

Date:		Name of Organization/Entity or Community and Address	
From: _____/_____/_____			
month year To: month year			
Name of Contact Person and Position		Telephone Number:	
Describe the service that you gave, including any major tasks or accomplishments.			

RJF 01/MOJ

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 community/ Restorative Justice Centre/ Justice Parish Centre that you are interested in volunteering. Please select one (1) Centre.
<input type="checkbox"/> August Town RJ Centre <input type="checkbox"/> Denham Town RJ Centre <input type="checkbox"/> Spanish Town RJ Centre <input type="checkbox"/> May Pen RJ Centre <input type="checkbox"/> St. Ann Justice Centre <input type="checkbox"/> Portland Justice Centre <input type="checkbox"/> Tivoli Gardens RJ Centre <input type="checkbox"/> Trench Town RJ Centre <input type="checkbox"/> Tower Hill RJ Centre <input type="checkbox"/> Montego Bay RJ Centre <input type="checkbox"/> Savanna La Mar Centre
Do you have any physical disabilities that we might need to make special arrangements to accommodate? If so, please describe them.

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.

I understand that if my conduct and/or behavior brings the Restorative Justice programme into disrepute I will be immediately asked to exit the program.

Signature

Date