

# **VOLUNTEER APPLICATION – RESTORATIVE JUSTICE**

Date:	<u> </u>
Name:	
	City:
Province:	Postal Code:
Residential (Ph):	Business (Ph):
Cell:	Email:
Are you 19 Years or (	Older? Yes □ No □
Are you willing to sub	omit to a criminal record check? Yes 🗆 No 🗆
Can you commit for a	n minimum of 12 months? Yes □ No □
Are you willing to pro	ovide 2 references upon request? Yes 🗆 No 🗆
How did you find out Program?	about the Richmond Restorative Justice
Why do you wish to v Justice Program?	olunteer for the Richmond Restorative

Turn page over to complete application

### **Volunteer Experience:**

Association	<b>Volunteer Position</b>	Dates of Service	

### **Paid Work Experience:**

Organization	Position	Dates of Service	

Education/Training/Certifications/Qualifications:				
Languages:	Spoken:	Written:		

#### **Availability:**

	Mon.	Tue.	Wed.	Thu.	Fri.
Day				_	
Evening					

## **Preference will be given to Richmond Residents**

Deliver, Mail, or Fax to: Touchstone Family Association

#108 – 3031 Viking Way Richmond, BC V6V 1W1 Phone: 604-207-5039

Fax: 604-279-1814

Email to: <u>Hbajwa@touchfam.ca</u>