



RESTORATIVE JUSTICE PARTNERS, INC.

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Volunteer Application Victim Offender Reconciliation Program (VORP)

Date: _____

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Contact phone: _____

Email address: _____

Non-English language skills: _____

If you plan to use your personal vehicle for program use, please provide the following:

Driver's license number: _____ Driver's license state: _____

Automobile insurance provider: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact phone: _____ Email address: _____

Employment History:

Are you currently employed? Yes _____ No _____

Occupation: _____

Current/most recent employer: _____

Dates of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Briefly describe scope of your responsibilities:

Legal History:

*A background check is required. Prior felony or misdemeanor **will not** automatically exclude you from volunteering as a VORP mediator.*

Have you ever been arrested, charged, or a person of interest in a criminal matter?

Yes _____ No _____

If yes, describe the circumstances and list any charges filed: _____

What was the disposition/outcome? _____

Date of arrest: _____ City/State of Arrest: _____

Are you on probation/parole or under court supervision now or within the last 5 years?

Yes _____ No _____ If current, what is the anticipated termination date? _____

Do you have any outstanding warrants against you? Yes _____ No _____

If yes, please provide specifics: _____

Volunteer History:

Previous volunteer/community experience: (Please describe your duties, responsibilities, and likes/dislikes about the experience.) _____

May we contact someone for a reference? Yes _____ No _____

Name: _____ Contact Phone: _____

Email Address: _____

Do you have any experience working with children with special needs or autism? Yes__ If yes how many years____ No__

Please answer the following questions. Use additional paper if necessary.

How did you hear about VORP training? _____

What do you know about RESTORATIVE JUSTICE PARTNERS, INC.? _____

Why are you interested in becoming a VORP mediator? _____

What are your expectations about being a VORP mediator? _____

Are you able to travel to Salinas to conduct/participate in mediation meetings? _____

Are you able to commit to working at least 3 cases a year, each taking about 8 hours? _____

Are you able to participate in 2 advanced training classes a year? _____

References:

Please provide the contact information for three references whom we may contact. They may be friends, co-workers, relatives, etc.

1. Name: _____ Relationship: _____

Contact Home-Phone: _____ Email Address: _____

2. Name: _____ Relationship: _____

Contact Home Phone: _____ Email Address: _____

3. Name: _____ Relationship: _____

Contact Home Phone: _____ Email Address: _____

Program Compliance Requirements:

- I understand that information regarding all VORP cases is confidential and will not be discussed outside the agency. I understand that any breach in confidentiality will result in termination from the program. _____ (Initials)
- I agree to notify the RESTORATIVE JUSTICE PARTNERS, INC.'s Programs Coordinator 24 hours of any contact with law enforcement (except for minor traffic violations such as parking or speeding tickets). Any new criminal or civil charges, or any accusations of child maltreatment (whether true or not.) In addition, I agree to notify the Programs Coordinator of the outcome of such investigation and provide requested documentation. I understand that, at the discretion of RESTORATIVE JUSTICE PARTNERS, INC., it may be necessary to temporarily suspend current mediator activities until such charges are cleared and failure to report charges would result in immediate dismissal from the program. _____ (Initials)
- I understand that after successfully completing my training **I will be expected to serve a minimum of twelve months and mediate at least three cases.** If unforeseen circumstances prevent me from fulfilling this contract, I will give the Programs Coordinator advanced notice and submit a written resignation and create a plan for communicating this change with my co VORP mediator and my client. _____ (Initials)
- If I am using my vehicle for program needs, I agree to maintain current automobile insurance coverage and current driver's license and will provide up-to-date documentation to RESTORATIVE JUSTICE PARTNERS, INC. I understand that failure to do so prohibit me from driving for any program needs. _____ (Initials)
- All information provided in this application is true and accurate at the time submitted. _____ (Initial)

Applicant Signature

Date

Please MAIL your completed application to:
Veronica Miramontes, VORP Programs Coordinator,
RESTORATIVE JUSTICE PARTNERS, INC.
229 Reindollar Ave., Suite B, Marina, CA 93933
Or FAX to: 888-381-3721 Or EMAIL to: rjp.vorp@gmail.com