**VOLUNTEER APPLICATION**

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| **Name:** | | | | | | | |
| **Address:** | | | | | | | |
| **Main Phone Number:** | | | | **Alternate Phone Number:** | | | |
| **Email Address:** | | | | | | | |
| **Preferred Form of Contact:** | | | | | | | |
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| **Volunteer Position Interests** | | | | | | | |
| **Restorative Conference Community Member** | | |  | **Restorative Plan Mentor** | | |  |
| **Restorative Conference Facilitator** | | |  | **Community Circle Facilitator** | | |  |
| **Event Organizing** |  | **Website Support** |  | **Administrative Support** |  | **Translator** |  |
| **Other:** | | | | | | | |
|  | | | | | | | |
| **Work Expertise:** | | | | | | | |
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| **Education Background – Relevant Training:** | | | | | | | |
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| **Special Skills or Unique Perspective:** | | | | | | | |
|  | | | | | | | |
| **Previous Volunteer Work:** | | | | | | | |
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| **Why are you interested in volunteering with Restorative Resources? How would you like to help this organization?** | | | | | | | |
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| **Volunteer Agreement to Background Check** | | | | | | | |
| **I agree to allow Restorative Resources to perform a check of my background, which may include the following and as deemed appropriate for the volunteer assignment:**   * **Criminal Records & Driving Records through the Sonoma County Sheriff’s Office fingerprinting process** * **Employment Verification** * **Volunteer History** * **Credit Reports** * **Education Verification** * **Personal Reference checks of three people and sources as appropriate for the volunteer job in which I have expressed an interest.**   + **Listed below are 3 names, addresses, phone numbers and email addresses of non-family related references that can provide information on my ability to perform volunteer work for Restorative Resources.**   + **Reference 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * + **Reference 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * + **Reference 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **I understand that I do not have to agree to this background check but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the background check will be kept confidential.**  **I also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for Restorative Resources volunteer work and other such information as they deem necessary.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Volunteer Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Volunteer Printed Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** | | | | | | | |