

VOLUNTEER APPLICATION

(All information provided will only be used for the benefit of the CJC and will not be shared with any outside organisation unless required by law or ordered to be disclosed by a court.)

Surname: _____ Given Names: _____

Home Mailing Address: _____
Work Mailing Address: _____

Telephones (in order of preference):
First: _____ Answering Machine?
Second: _____ or messages can be left with: _____
Third: _____ Fax: _____

E-mail address: _____

Date of Birth (needed for criminal record check): _____

PLEASE INDICATE YOUR AREAS OF INTEREST:

Case Co-ordinator Administrative Co-ordinator Panel Member Facilitator Mentor
Board Member Special Projects Publicity

If you are interested in working with resolution conferences, please indicate below those days/times when you are not available for a conference. (Conferences are usually at 4:30 or 5:30 pm):

Please attach a resumé and at least 3 names and phone nos. of references with whom we can communicate.

Thank you for your assistance and co-operation. It is important that you let the Centre know when you will not be available for a period of 2 weeks or more so that we do not make unnecessary calls trying to get in touch with you. Telephone: 250-334-8101, or e-mail: cjc@shawbiz.ca

If, at any time, you also wish to become a member of the Community Justice Centre of the Comox Valley Society the membership dues are ten dollars (\$10.00).

NOTE: Re: Criminal Record Check:

1. Complete, but do not sign, the Consent for Disclosure of Criminal Record Information form (8.5" X 14");
2. Along with Letter of Request, take form to RCMP Station (Ryan Road) with 2 pieces of ID, and sign the form in front of the clerk;
3. Return 10 business days later to pick up approved form from the RCMP. Drop form off at the CJC office.