

# Volunteer Application

## Central Michigan Restorative Justice Initiative (CMRJI)

Volunteer Position you are applying for \_\_\_\_\_

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. EMPLOYER (if applicable) \_\_\_\_\_

5. PROFESSION (if applicable) \_\_\_\_\_

6. SCHOOL (if applicable) \_\_\_\_\_

7. DEGREE (if known) \_\_\_\_\_

8. PHONE H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

9. E-MAIL \_\_\_\_\_

10. What is the best way for us to contact you? \_\_\_\_\_

11. EMERGENCY CONTACT NAME \_\_\_\_\_ PH \_\_\_\_\_

12. Have you been convicted of a felony within the past five years?      YES      NO

13. If you have a disability, what accommodations would you need to fulfill this volunteer position?

14. When are you available to volunteer?

Time of day \_\_\_\_\_

Day of week \_\_\_\_\_

How often per month \_\_\_\_\_

15. Where did you hear about CMRJI and our volunteer opportunities?

16. What attracted you to CMRJI in particular?

17. What skills, training or knowledge do you have that you think would be useful at CMRJI?

18. Describe the kind of personal or work situation where you feel most successful.

19. What training, resources or support do you anticipate needing to do this volunteer work?

20. Please provide two personal or professional references:

Name	Phone Number	Relationship
1.		
2.		

I hereby attest that the above information is true to the best of my knowledge.

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Signature

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Today's Date