



Center for Dispute Resolution and Restorative Justice

Volunteer Application Instructions

By E-Mail: Download this application first. Fill in the application and save the document as “your name” then send it as an attachment along with your resume, training certificates and any other attachments to: contact@resolvecenter.org

By Mail: Download this application first. Then fill in the application and mail with copies of your resume, training certificates and any other attachments to:

**Resolve
1237 North Riverside Ave Suite
25 Medford, OR 97501**

After we receive your application, you will be contacted to schedule an interview. If you do not hear from us within 14 days, please call our office (541) 770-2468 to confirm we received your information.

All information provided is strictly confidential and will not be shared with anyone other than Resolve staff.



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Name:

Date:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Please let us know the best way to contact you:

Please check the following that applies to you:

Volunteer

Student Intern

Other

Which days and time-slots are you usually available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Comment:

Are you fluent in any languages other than English? If so, please indicate language, skill level and fluency in speaking and writing?



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1. Why are you interested in volunteering for Resolve?

2. Have you completed a Basic Mediation Training? Yes No

If yes, when (month/year) and where?

3. Please describe any other training, experience and/or coursework you have in mediation, facilitation, restorative justice or other related topics. **Please specify type of training, location and dates.**

4. Next to each of the following skills, please estimate your hours of experience and indicate whether you consider your skill level as **Novice, Intermediate, or Experienced:**

Mediation:

Facilitation:

Coaching:

Restorative Processes:

5. Please describe any other skills or talents not listed:

6. What situations would you feel most uncomfortable managing or being a part of? Please explain:

7. Please attach a current resume or a one-page list of your employment and volunteer experience.

I certify that the information on this application and its supporting documents is accurate and complete. I understand that acceptance of volunteers is based on program needs.

Signature:

Date:

Scan and send to: **contact@resolvecenter.org**



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VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that in the course of volunteering at Resolve, confidential information will be shared with me by clients and/or staff, and that I may have access to confidential case files. I agree to keep *all client information* confidential. However, I may share confidential information with appropriate members of the Resolve staff and with other volunteers working with me on the same case.

I understand that any infringement of confidentiality will be may result in termination of my volunteer position. Further, I may be subject to possible criminal and or civil liability.

Name

Date



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CRIMINAL BACKGROUND CHECK FORM

Full legal name:

Other names (maiden name, previous married names, etc.):

Date of birth:

Current address:

Last address:

Driver's license state & number:

Social security number:

I give permission for Resolve to request a criminal background check. I also authorize the authorities of the State of Oregon and any other relevant agencies to release information so requested.

Signature _____

Date _____

Authorized by _____

Date _____

Program Coordinator, Resolve