Victim Offender
R J
Community
Justice That Promotes Healing

VOLUNTEER APPLICATION

We welcome your interest in volunteering for Restorative Justice for Dodge County, Inc. **Volunteerism** has a long tradition in American History and Dodge County. People in the community who have special knowledge and particular talents can provide great contributions as volunteers. Restorative Justice for Dodge County, Inc. has a commitment to provide training and ongoing support to all volunteers. To assist us in maintaining our commitment, we asked that you complete the information requested below. Thank you.

Name _____
First Middle Last

Address _____
Street City State Zip

Telephone #s where you can be contacted: Home (____)_____

Work (____)_____ Cell (____)_____

Social Security # _____-_____-_____

Do you have a valid Wisconsin Driver's License: Yes ___ No ___

Driver's license # _____-_____-_____-_____

Are you at least 18 years of age? Yes ___ No ___ If no, list your age _____

Check possible areas of interest:

___ Facilitator

___ Speaker Bureau

___ School Liaison

___ Assist with Victim Impact Panel

___ Fundraising

___ Office Duties

___ Data Entry

Volunteer Experience: Briefly explain why you are interested in volunteer work. (If additional space is needed, please use back of sheet.) _____

_____

_____

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_____

Background/Experience: Briefly describe your education and/or employment background, hobbies, interests, talents and experiences as they relate to your qualifications for volunteer work with Restorative Justice for Dodge County, Inc. (If additional space is needed, please use back of sheet.) _____

_____

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_____

EMPLOYMENT HISTORY:

Current or last employer: _____
Employer's address: _____
Contact person: _____ Phone #_____
Dates of employment: From _____ to _____
Your position: _____
Reason for leaving: _____
_____

Previous employer: _____
Employer's address: _____
Contact person: _____ Phone #_____
Dates of employment: From _____ to _____
Your position: _____
Reason for leaving: _____
_____

Previous employer: _____
Employer's address: _____
Contact person: _____ Phone #_____
Dates of employment: From _____ to _____
Your position: _____
Reason for leaving: _____
_____

REFERENCES: (NO RELATIVES)

Name: _____ Phone # (____)_____
Address: _____
Occupation: _____

Name: _____ Phone # (____)_____
Address: _____
Occupation: _____

Name: _____ Phone # (____)_____
Address: _____
Occupation: _____

AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

My signature below certified that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration. Furthermore, my signature below provides my authorization to Restorative Justice for Dodge County, Inc. to conduct reference and background checks as needed. I hereby release all parties from any liability from furnishing this information.

_____ _____
Applicant's Signature Date

When completed, return to:

Restorative Justice for Dodge County, Inc.
127 East Oak Street, Room 426
Juneau, WI 53039

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