

Volunteer Application

General Information

Name in full: _____

Home address: _____

Telephone: _____ Fax number: _____

E-mail: _____ Birthdate: _____

Length of residence on Salt Spring Island: _____

Do you drive? YES No

Work History

Are you presently employed? _____ Retired? _____

How long in present or most recent job? _____

Occupation/employer: _____

Type of work: _____

Work phone (if applicable): _____ Can you be contacted at work? _____

Other

List any special skills that may be relevant to this program: _____

Please tell us why you wish to volunteer for this program: _____

References

1. Name: _____

Relationship: _____

Phone: _____

2. Name: _____

Relationship: _____

Phone: _____

3. Name: _____

Relationship: _____

Phone: _____

In order to be a volunteer you must submit to a criminal record check.

I, _____ hereby give permission to the Salt Spring Island Restorative Justice Program to obtain any and all information relating to my application as a volunteer. I understand that my commitment is for a period of one year. I agree to sign an oath of confidentiality.

Signature: _____ Date: _____