



TOUCHSTONE FAMILY ASSOCIATION

VOLUNTEER APPLICATION – RESTORATIVE JUSTICE

Date: _____

Name: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Residential (Ph): _____ **Business (Ph):** _____

Cell: _____ **Email:** _____

Are you 19 Years or Older? Yes No

Are you willing to submit to a criminal record check? Yes No

Can you commit for a minimum of 12 months? Yes No

Are you willing to provide 2 references upon request? Yes No

How did you find out about the Richmond Restorative Justice Program?

Why do you wish to volunteer for the Richmond Restorative Justice Program?

Turn page over to complete application

