



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?**

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*Turn page over to complete application*

