

COMMUNITY JUSTICE SOCIETY
 6176 Young Street, 2nd Floor
 P.O. Box 642, Station "M" Halifax, NS B3K 2A6
 Phone :(902) 424-5473 Fax :(902) 424-3950

Volunteer Application

Print clearly and return the completed form along with a resume to the Coordinator of Volunteers

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr		Date of Birth:	Today's Date:
First Name:	Middle:	Last Name:	
Home Street Address:			
City:		Postal Code:	
Home Telephone: ()		Cell Telephone: ()	
Work Telephone: ()		Pager: ()	
Email Address:			
Are you currently employed: <input type="checkbox"/> Yes (If yes, please complete information below) <input type="checkbox"/> No			
Employer:		Address:	
Describe Job Duties:			
Please list any special experience or skills you have:			
How did you find out about the Community Justice Society?			
Please identify the volunteer position for which you are interested:			
<input type="checkbox"/> Restorative Justice Facilitator		<input type="checkbox"/> Community Representative	
<input type="checkbox"/> Program Delivery Facilitator		<input type="checkbox"/> Mentor	
EMERGENCY CONTACT INFORMATION			
Contact Name:		Relationship:	
Day Telephone: ()		Evening Telephone: ()	
OFFICE USE ONLY			
Interview Date:		Interviewer:	
Reference Letters:			
Child Abuse Register:		Police Report:	
Training: _____ _____ _____ _____		Training: _____ _____ _____ _____	
Start Date:		Assignment Ended:	
Leave of Absence Date:		Return Date:	