

COMMUNITY JUSTICE SOCIETY

201-1256 Barrington Street

Halifax, NS B3J 1Y6

Phone :(902) 424-5473

Fax :(902) 424-3950

Volunteer Application

Please print clearly and return the completed form along with a resume to the Manager of Volunteer Engagement (Kylene.mellor@communityjusticesociety.org)

<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: ()			
Email Address:			
Are you currently employed or in school:			
<input type="checkbox"/> Yes (If yes, please complete information below)		<input type="checkbox"/> No	
Employer/School:		Address:	
Describe Job Duties/Area of Study:			
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"/> Community Service Mentor	
AVAILABILITY			
<input type="checkbox"/> DAYTIME (9:00am-5:00pm)		<input type="checkbox"/> EVENING (6:00pm-10:00pm)	
EMERGENCY CONTACT INFORMATION			
Contact Name:		Relationship:	
Day Telephone: ()		Evening Telephone: ()	
REFERENCES			
Please provide three references, ideally, one business, one personal, and one volunteer, or some combination:			
Name:		Relationship:	
Phone:		Email:	
Name:		Relationship:	
Phone:		Email:	
Name:		Relationship:	
Phone:		Email:	
OFFICE USE ONLY			
Interview Date:		Interviewer:	
Reference Letters:			
Child Abuse Register:		Police Report:	