



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

Are you willing to commit for a minimum 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

