



Center for Dispute Resolution and Restorative Justice

1237 North Riverside Ave Suite 25
Medford, Oregon 97501
(541) 770-2468 / Fax: (541) 770-6022
contact@resolvecenter.org
resolvecenter.org

Instructions For Submitting Volunteer Applications

By E-Mail: Download this application first. Then fill in the application and save the document as “your name” then send it as an attachment along with your resume, training certificates and any other attachments to: contact@resolvecenter.org

Do not worry about the signatures as we will have you sign when we meet you for the volunteer interview.

By Mail: Download this application first. Then fill in the application and save the document as “your name” or you can print the application and fill in by hand – please be sure to print clearly and mail with copies of your resume, training certificates and any other attachments to:

Resolve
1237 North Riverside Ave Suite 25
Medford, OR 97501

Bring it with you to the interview. Please complete your application (if you wish to type and save the application please download it first) in advance of the interview. Also bring along your resume, training certificates and any other attachments.

After we receive your application, you will be contacted to schedule an interview. If you do not hear from us within 14 days, please call our office (541) 770-2468 to confirm we received your information.

All information provided is strictly confidential and will not be shared with anyone other than Resolve’s staff.



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Center for Dispute Resolution and Restorative Justice

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we call you at work? Yes No

E-mail: _____

We typically communicate by email. If this is not convenient for you, please let us know the best way to contact you: _____

Please check the following that applies to you:

Volunteer Intern (SOU, etc.) Experience Works

Availability: On Average how many hours per month are you willing to be available? _____

Which days and time-slots are you usually available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Comment:

Are you fluent in any other languages? If so, please indicate which language(s), skill level, and if fluent in spoken and/or written:



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Please answer the following questions as completely as possible. Attach a separate page if necessary.

1. Why are you interested in volunteering for Resolve?

2. a.) Have you completed a Basic Mediation Training? Yes _____ No _____

If yes, when (month/year) and with what entity? _____

Please provide a Certificate of Completion or contact information for verification of training: _____

b.) Have you completed Resolve's Conflict Resolution Training?

Yes _____ No _____ If yes, when (month/year) did you complete it? _____

3. Please describe any other training, experience and/or coursework you have in mediation, facilitation, communication skills, conflict resolution, schools or other related topics.

Please specify type of training, location and dates.

4. Next to each of the following skills, please estimate your hours of experience and indicate whether you consider your skill level as **Novice**, **Intermediate**, or **Experienced**:

Mediating: _____

Teaching: _____

Facilitating: _____

Mentoring: _____

Coaching: _____

5. Please describe any other skills or talents not listed:

6. What situations would you feel most uncomfortable managing or being a part of? Please explain:

7. Please attach a current resume or a one-page list of your employment and volunteer experience including names, dates of affiliation and contact information, level of education completed and degrees and/or certificates received.

I certify that the information on this application and its supporting documents is accurate and complete. I understand that acceptance of volunteers is based on program needs.

Signature: _____

Date: _____

Return to: **Resolve • 1237 North Riverside Ave Suite 25 • Medford, OR 97501**



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VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that in the course of volunteering at Resolve, confidential information will be shared with me by clients and/or staff, and that I may have access to confidential case files. I agree to keep *all client information* confidential. However, I may share confidential information with appropriate members of the Resolve staff and with other volunteers working with me on the same case.

I understand that any infringement of confidentiality will be may result in termination of my volunteer position. Further, I may be subject to possible criminal and or civil liability.

Name

Date

A copy of this form to be given to the volunteer.



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CRIMINAL BACKGROUND CHECK FORM

Full legal name _____

Other names (maiden name, previous married names, etc.)

Date of birth _____

Current address _____

Last address _____

Driver's license state & number _____

Social security number _____

I give permission for Resolve to request a criminal background check. I also authorize the authorities of the State of Oregon and any other relevant agencies to release information so requested.

Signature _____ Date _____

Authorized by _____ Date _____
Program Coordinator, Resolve

Background check completed in PR on _____
Background check completed by _____