____ *CRJ Restorative/Reparative Panels* _____ *Circle of Support and Accountability (CoSA) Team*

Application for CRJ Volunteer Candidates

Name: _____ Primary Contact #: _____

Mailing Address: _____ Alternative #: _____

_____ Email address: _____

If Employed, place of employment: _____

Best way to contact you? Phone, Email, Text: _____ _____

References:

Name: _____ Contact #: _____

Relationship to you: _____ Email: _____

Name: _____ Contact #: _____

Relationship to you: _____ Email: _____

1. What led to your decision to apply to become a CRJ Volunteer?

2. How might your education, personal/professional skills sets and strengths relate to restorative practices?

3. What are your overall knowledge and/or practical experience, regarding the restorative justice theory, principles, objectives, best practices? **Check one**

Very _____ Some _____ Little _____ None _____

4. Please, **check** your availability and/or desired commitment.

Weekly_____ Monthly _____ Occasional _____ Mornings_____ Afternoons _____

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Bennington, Vermont 05201
Phone (802) 447-1595

Revised March 22, 2017; Revised October 2024; Revised March 2026