



**RESTORATIVE JUSTICE PARTNERS, INC.**

229 Reindollar Avenue, Suite B

Marina, CA 93933

(831) 384-4325

[rjp.vorp@gmail.com](mailto:rjp.vorp@gmail.com)

[www.restorativejusticepartners.org](http://www.restorativejusticepartners.org)

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Volunteer Application  
Victim Offender Reconciliation Program  
(VORP)

Date: \_\_\_\_\_

*Personal Information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Non-English language skills: \_\_\_\_\_

*Emergency Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email address: \_\_\_\_\_

*Employment History:*

Are you currently employed? Yes No

Current/most recent employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Briefly describe scope of your responsibilities:

\_\_\_\_\_

*Volunteer History:*

Previous volunteer/community experience: (Please describe your duties, responsibilities, and likes/dislikes about the experience.)

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May we contact someone for a reference? Yes

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any experience working with children with special needs or autism? No Yes  
how many years \_\_\_\_\_

*Please answer the following questions. Use additional paper if necessary.*

How did you hear about VORP training and/or RJP, Inc.?

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Why are you interested in becoming a VORP mediator?

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Would you prefer to stay local to conduct cases? Yes or Open to travel to other areas

interest: Salinas North County South County Peninsula

Are you able to commit to working at least three cases, each taking about 8 hours?

Are you able to participate in an advanced training class?

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If you plan to use your personal vehicle for program use, please provide the following:

Driver's license number: \_\_\_\_\_ Driver's license state: \_\_\_\_\_

Automobile insurance provider: \_\_\_\_\_

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*References:*

Please provide the contact information for two references whom we may contact. They may be friends, co-workers, relatives, etc.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home-Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*A background check is required upon approval of volunteering. Prior felony or misdemeanor **will not** automatically exclude you from volunteering as a VORP mediator.*

*Program Compliance Requirements:*

- I understand that information regarding all VORP cases is confidential and will not be discussed outside the agency. I understand that any breach in confidentiality will result in termination from the program.  
\_\_\_\_\_ (Initials)
- I agree to notify the RESTORATIVE JUSTICE PARTNERS, INC.'s Programs Coordinator 24 hours of any contact with law enforcement (except for minor traffic violations such as parking or speeding tickets) on any new criminal or civil charges, or any accusations of child maltreatment (whether true or not.) In addition, I agree to notify the Programs Coordinator of the outcome of such investigation and provide requested documentation. I understand that, at the discretion of RESTORATIVE JUSTICE PARTNERS, INC., it may be necessary to temporarily suspend current mediator activities until such charges are cleared and failure to report charges would result in immediate dismissal from the program.  
\_\_\_\_\_ (Initials)
- I understand that after successfully completing my training **I will be expected to mediate at least three cases.** If unforeseen circumstances prevent me from fulfilling this contract, I will give the Programs Coordinator advanced notice and submit a written resignation and create a plan for communicating this change with my co VORP mediator and my client.  
\_\_\_\_\_ (Initials)
- If I am using my vehicle for program needs, I agree to maintain current automobile insurance coverage and current driver's license. I will provide up-to-date documentation to RESTORATIVE JUSTICE PARTNERS, INC. if requested. I understand that failure to do so prohibit me from driving for any program needs.  
\_\_\_\_\_ (Initials)
- I understand that I am not allowed to drive or offer rides to any parties from cases or their families. I can ride share with my co-mediator.  
\_\_\_\_\_ (Initials)
- All information provided in this application is true and accurate at the time submitted.  
\_\_\_\_\_ (Initial)

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Applicant Signature

Date

**Please EMAIL to: [rjp.vorp@gmail.com](mailto:rjp.vorp@gmail.com) Or Mail your completed application to:**  
Veronica Miramontes  
RESTORATIVE JUSTICE PARTNERS, INC.  
229 Reindollar Ave., Suite B, Marina, CA 93933