



**RESTORATIVE JUSTICE PARTNERS, INC.**

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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: \_\_\_\_\_

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: \_\_\_\_\_

*Emergency Contact:*

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

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

*Employment History:*

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

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

Briefly describe scope of your responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

*Legal History:*

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

Have you ever been arrested, charged, or a person of interest in a criminal matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the circumstances and list any charges filed: \_\_\_\_\_

What was the disposition/outcome? \_\_\_\_\_

Date of arrest: \_\_\_\_\_ City/State of Arrest: \_\_\_\_\_

Are you on probation/parole or under court supervision now or within the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If current, what is the anticipated termination date? \_\_\_\_\_

Do you have any outstanding warrants against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide specifics: \_\_\_\_\_

*Volunteer History:*

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

May we contact someone for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

How did you hear about VORP training and or RJP, Inc? \_\_\_\_\_

Why are you interested in becoming a VORP mediator? \_\_\_\_\_

Are you able to travel to Salinas to conduct/participate in mediation meetings? \_\_\_\_\_

Are you able to commit to working at least 3 cases a year, each taking about 8 hours? \_\_\_\_\_

Are you able to participate in 2 advanced training classes a year? \_\_\_\_\_

*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: \_\_\_\_\_

*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). 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 serve a minimum of twelve months and 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 and will provide up-to-date documentation to RESTORATIVE JUSTICE PARTNERS, INC. I understand that failure to do so prohibit me from driving for any program needs. \_\_\_\_\_ (Initials)
- All information provided in this application is true and accurate at the time submitted. \_\_\_\_\_ (Initial)

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Applicant Signature

Date

**Please Mail** your completed application to:

Veronica Miramontes, VORP Programs Coordinator,  
RESTORATIVE JUSTICE PARTNERS, INC.  
229 Reindollar Ave., Suite B, Marina, CA 93933

**Or EMAIL** to: [rjp.vorp@gmail.com](mailto:rjp.vorp@gmail.com)