



Serving the Communities of Anmore, Belcarra, Coquitlam, New Westminster, Port Coquitlam and Port Moody

Community Youth Justice Program

Volunteer Facilitator Application

General Information:

Name: _____

Address: _____

Tel: _____ Fax: _____ Cell: _____

Email: _____

Are you willing to have a criminal record background check? Yes No

Are you available to volunteer 15 – 20 hours per month? Yes No

Employment Information:

Occupation: _____

Are you currently employed? Yes No

If yes, please indicate if you are currently working Full-time Part-time

Name of company or agency: _____

Position: _____

Can you be contacted during working hours? Yes No

If yes, Business Tel: _____ Business Fax: _____

Educational Background:

Please indicate any diplomas, certificates and degrees you have attained.

Certificate, Diploma, Degree

Institution

Date

Are you currently a student? Yes No

If yes, course/program enrolled in: _____

Please describe any training you have received which may be relevant to this volunteer position (e.g. Crisis Line training, Victim Assistance training, Conflict Resolution or Mediation training, Critical Incident Stress debriefing, etc.)

Volunteer Experience:

Please describe any previous volunteer work experience:

Other Information:

What languages are you fluent in?

Spoken _____
Written _____

What strengths do you think you would contribute to the conference facilitator role? (In particular, note any work with youth at risk; knowledge of the criminal justice system; experience in facilitation and conflict resolution; work supporting people who have been through a traumatic experience.

Statement of Interest:

Please tell us in a paragraph or two, on a separate sheet, why you are interested in volunteering for the Community Youth Justice Program.

References:

Please provide the names and phone numbers of three references. At least one reference should be employment or volunteer work-related.

Name: _____ Relationship: _____

Tel: _____

Name: _____ Relationship: _____

Tel: _____

Name: _____ Relationship: _____

Tel: _____

I affirm that the information given in this application is true.

Signature: _____

Date:

Please mail, fax or email completed application to:

**CERA Society
644 Poirier Street
Coquitlam BC
V3J 6B1**

Fax: 604-931-3176 Email: info@cerasociety.org

For more information please call our office at 604-931-3165.