



CENTINELA YOUTH SERVICES VOLUNTEER APPLICATION

I want to volunteer for: () FARS (Family Mediation) () VORS (Victim/Offender)

Name:	Last	First	Date of Birth	Gender
			/ /	م ف

Home Address		
	street / apt. #	city, zip
Business Address		
	street / apt. #	city, zip
Phone Numbers		
	Home	Business/Ext. Pager/ Mobile

FAX Number	
Email Address	

Hours Available						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Please check here if your schedule is flexible, meaning it varies dramatically or is often free.

Educational Background (post-high school)		
Name of School	Area of Study / Major	Degrees / Certificates

Please list any other certifications and/or licenses that you hold (if applicable).

Do you speak any other languages fluently? فف yes ف no

Have you ever been convicted of a crime? ف yes ف no (if yes, explain)

Employment Background (for the last 5 years)			
Dates	Name of Company & City	Job Title	Responsibilities

What mediation training and experience do you have (if applicable)?

Why do you want to volunteer for the FARS/VORS program?

References: First and Last Name	Phone Number

Signature: _____ Date: _____

Please return applications to Mariela Villar by fax (310) 675-2300
 or by mail: CYS, 11539 Hawthorne Blvd., 5TH Floor, Hawthorne, CA 90250