

CENTINELA YOUTH SERVICES VOLUNTEER APPLICATION

I want to volunteer for: FARS(family mediation) VORS(victim-offender mediation)
 STARS(peer mediation) Office Intern/Assistant

Name: Last	First	Date of Birth	Gender
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Home Address	street / apt. #	city, zip
Business Address	street / apt. #	city, zip
Phone Numbers	home	Business/Ext. Pager/

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

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

Please indicate your choice of the following	
Frequency of Availability	Training Interest
<input type="checkbox"/> Daily	
<input type="checkbox"/> Weekly	<input type="checkbox"/> 12 hr. Supplemental Training for experienced mediators
<input type="checkbox"/> Bi-monthly	
<input type="checkbox"/> Monthly	
<input type="checkbox"/> Less than monthly	<input type="checkbox"/> 40 hr. Complete Training for new mediators
<input type="checkbox"/> Other	

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.

Do you speak any other languages fluently? yes no

Have you ever been convicted of a crime? yes 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?

Why do you want to volunteer for the VORS program?

References: First and Last Name	Phone Number

As a volunteer for the VORS program, I understand and agree to the following:

- I will serve on 12 mediations for VORS and/or 24 mediations for FARS in exchange for my training.
- I understand that the CYS staff is under time constraints to set up mediations, therefore, I will promptly return calls from the office, even if I am not available to mediate.
- I will arrive at all mediations on time and prepared, returning all paperwork to office in a timely manner.
- I will keep all commitments that I make.
- I will bring all comments, suggestions and constructive criticisms to the program coordinator.
- I will maintain the confidentiality of all cases I work with
- I will abide by all policies and procedures of the CYS.

Signature: _____ Date: _____

Please return applications to Stephanie Winlock by fax (310) 675-2300 or by mail: CYS, 11633 Hawthorne Blvd., Suite 501, Hawthorne, CA 90250