



Restorative Circles Adult Application

NAME: _____ D.O.B.: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____ FAX #: _____

Community Affiliations: _____

Circle Meetings are scheduled 1 time per month on a rotating basis. The volunteer commitment will be for one full year to include the summer months.

Are you available to attend Circle Meetings on these regularly scheduled dates? Yes No

Which volunteer positions are you interested in?

- Community Member/Elder (any resident/member of Granville County)
- Facilitator (an individual who will help lead/guide the circle process)

Why are you interested in volunteering with the Restorative Circles program?

I agree to be nominated as a Granville County Restorative Justice Youth Volunteer. If approved, I understand the commitment is for one academic year and the summer. I attest that the information included on this application is true and accurate.

SIGNATURE OF VOLUNTEER

DATE: _____

PRINTED NAME OF VOLUNTEER