



## Restorative Circles Youth Application

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_

CURRENT GRADE :  9  10  11  12

Community/ School Affiliations & Organizations: \_\_\_\_\_

### CURRENT or PREVIOUS VOLUNTEERISM:

<i>Agency</i>	<i>Date of Volunteer Work</i>	<i>Contact Information</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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*

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

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



**Provide the names, address, phone numbers and email for three *local* references:**  
Email to: [tpjones3@ncsu.edu](mailto:tpjones3@ncsu.edu)

\_\_\_\_\_  
(NAME) (NAME)

\_\_\_\_\_  
(ADDRESS ) (ADDRESS)

\_\_\_\_\_  
(Email ADDRESS) (Email ADDRESS)

\_\_\_\_\_  
(Phone No.)  Recommendation letter attached or  
emailed (Phone No.)  Recommendation letter attached or  
emailed

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS & PHONE)

\_\_\_\_\_  
(Email ADDRESS)

\_\_\_\_\_  
(Phone No.)  Recommendation letter attached or  
emailed

**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 YOUTH VOLUNTEER**

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

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

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

\_\_\_\_\_  
**PRINTED NAME OF PARENT OR GUARDIAN**

Email to: [tpjones3@ncsu.edu](mailto:tpjones3@ncsu.edu)