

CAROLINA DISPUTE SETTLEMENT SERVICES

2300 Rexwoods Drive, Suite 120, Raleigh, NC 27607

VOLUNTEER APPLICATION

LAST NAME: _____ FIRST NAME: _____

HOME PHONE: _____ CELL PHONE: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

MEDIATION TRAINING (check and include training organization, dates and amount of training):

- BASIC TRAINING: _____
- FAMILY MEDIATION TRAINING: _____
- JUVENILE MEDIATION TRAINING: _____
- SUPERIOR COURT MEDIATION TRAINING: _____
- OTHER (please describe): _____

Please describe related skills, workshops, and internships (including languages, fundraising, etc.):

Please list other volunteer activities (including length of time you participated):

REFERENCES (non-family):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

The information provided above is true and correct to the best of my knowledge and information.

Signature

Date

Please use the reverse of this form to indicate any additional related information.