

**CAROLINA DISPUTE SETTLEMENT SERVICES**

Suite 200, 234 Fayetteville Street Mall

Raleigh NC 27601

**Volunteer Application**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

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: \_\_\_\_\_

I understand a North Carolina criminal record check will be completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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