

CAROLINA DISPUTE SETTLEMENT SERVICES

4600 Marriott Drive Suite 200

Raleigh NC 27612

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.

I would like to attend Orientation on: _____

(date)