

Membership Application Form

Name: _____

Address: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Fax) _____

Email: _____

Why do you want to volunteer with MRJC

MRJC relies heavily on volunteers for the successful operation of our programs. In which of the following areas do you have either interest or expertise that you would be willing to share with us?

Program Committee: ___Yes ___No

Case Development: ___Yes ___No

Marketing/Promotion ___Yes ___No

Mediation Roster ___Yes ___No

Fund Development: ___Yes ___No

Board: ___Yes ___No

If you wish to be considered for a volunteer mediator/case developer role please provide details of your formal training and experience in dispute resolution including mediation. Note: Volunteers interested in consideration as mediator or case developers will receive a call from the program manager to arrange a pre interview.

What special skills, knowledge, interests, or prior experiences do you have that you feel will be helpful in your volunteer role?

How many hours per month would you be available to volunteer with MRJC? _____

When are you available?

___Mornings ___Afternoons ___Evenings ___Weekends

Are there any specific times when you are not available to volunteer? _____

Please provide two references:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (B) _____ (R) _____ Phone: (B) _____ (R) _____

I certify that the information that I have provided in this application form is correct.

Signature of Applicant

Date

Is your \$25.00 Membership fee (payable to MRJC) attached? ___Yes ___No