

videoconference, etc)?



Date:			
(m/d/y)			
First Name:	Last Name:		
Telephone Number:	Email:		
Address:		Postal Code:	
Emergency Contact Name:	Emergency Contact Number:		
Birthdate (m/d/y):	Gender/Preferred Pr	onouns (optional):	
Note: We understand that identities ch question is for your comfort and conve		our pronouns is yours at any time. This	
Do you identify as Indigenous?	YES NO	PREFER NOT TO SAY	
Ethnicity (optional):			
Do you have any health concerns o	r disabilities that may impact the r	nature of your work?	
YES NO	PREFER NO	T TO SAY	
If so, how can we work towards of (ex. Sitting for long periods of		difficult or unreasonable for you eeting new people, hearing on	

Why are we collecting this information? We hope to recruit a diverse range of volunteers to best represent our community. If you have questions about this application, please contact the Program Coordinator (qCJ@qathetCJ.org or 604-414-4203).

Note: All qCJ volunteers does not disqualify you fr	om working with qCJ. In fact	e? YES ord check for the vulnerable secto , experience with the criminal just re made on a case by case basis.		
If you are under the ag	ge of 18, are you able and	l willing to obtain parental or	guardian consent?	
Yes		No		
What length of time are	e you willing to commit to	volunteering with qCJ?		
6 months 2 years		1 year More than 2 years		
How frequently do you Weekly Monthly	envision yourself voluntee	ering with qCJ?  Bi-weekly  As needed		
What is your general availability?				
	Morning (8am-noon)	Afternoon (noon-5pm)	Evening (5pm-9pm)	
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

My schedule is too unpredictable to provide general availability.

What relevant experience (work, volunteer, life experience, etc) qCJ?	do you have that would be beneficial to
What does Restorative Justice mean to you?	
Is there anything else you would like to share that may be helpfu	I for us to know?
How did you hear about us?	
Word of mouth Newsp	aper
qCJ Newsletter Social I Other:	Media
Thank you for your interest in volunteering with qathet Commu	unity Justice. Please send completed



Phone: 604-414-4203 / Fax: 604.485.9244

Email: qCJ@qathetCJ.org
Office: #116-4108 Joyce Ave, Powell River, BC

Mailing Address: #218-6975 Alberni Street, Powell River, BC V8A 2B8