BOISE County Community Justice Department
VICTIM OFFENDER REPARATION PROGRAM
VOLUNTEER MEDIATOR APPLICATION

Name_____
Last First Middle

Address _____
Street City State zip

Home Phone _____ **Work Phone**_____
EMAIL:_____

Person to contact in the event of an emergency:_____

Who referred you to this program?_____

Please list any experience or training that you have had working with juveniles or in mediation.

Please list three references:

Name	Phone	Address
Name	Phone	Address
Name	**Phone**	**Address**

This program will provide each volunteer with appropriate training and place all volunteers in teams to work on juvenile cases. The training provided is of professional quality as approved by the Dispute Resolution Program of Boise State University. Therefore we do ask for a volunteer commitment of service in addition to your training. Do you agree to this?

How many hours a week can you volunteer.