



Restorative Justice Center  
215 N 2<sup>nd</sup> Street, Suite 108  
River Falls, WI 54022

**Phone:** 715-425-1100  
**Fax:** 715-425-1112  
**Email:** scvrjpevents@gmail.com  
**Website:** www.scvrjp.org

## Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip code

Cell # \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Email address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Can we add your email to our newsletter and email update list? The newsletters contain volunteer opportunities.  
Yes \_\_\_\_ No \_\_\_\_

Availability (check all that apply): \_\_\_\_ evenings \_\_\_\_ day \_\_\_\_ weekends

How many hours per month: \_\_\_\_\_

Are these required hours (please explain)?

Why are you interested in St. Croix Valley Restorative Justice Program?

### Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_