

Please describe any relevant experiences you have had working with youth, adults, or other social service agencies (use separate sheet if necessary).

Ministry _____ Parish/City Date(s) _____

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Please list any languages you speak other than English _____

Please list three personal references (**your Pastor** and two other persons familiar with your ministry experience). PLEASE MAKE SURE YOU CAREFULLY COMPLETE THIS SECTION OF THE APPLICATION FAILURE TO PROVIDE ALL THE INFORMATION REQUESTED MAY DELAY THE PROCESSING OF YOUR APPLICATION.

A. Name _____

Address _____
(street) (city) (zip)

Home Phone _____ Work Phone _____

Occupation _____

B. Name _____

Address _____
(street) (city) (zip)

Home Phone _____ Work Phone _____

Occupation _____

C. Name _____

Address _____
(street) (city) (zip)

Home Phone _____ Work Phone _____

Occupation _____

Whom should we contact in case of emergency?

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Have you ever been convicted of a felony? _____ If yes, please explain:

I understand that all applicants to the Restorative Justice volunteer jail ministry are subject to a background investigation, which will include verification of criminal records and personal references.

Signature _____ Date _____

THE DIRECTOR OF THE RESTORATIVE JUSTICE PROGRAM RELIES ON EACH RELIGIOUS SERVICE VOLUNTEER TO BE LOYAL TO THE ARCHDIOCESAN POLICIES AND TO THE RULES AND REGULATIONS OF THE CORRECTIONAL FACILITIES IN THE ARCHDIOCESE. MY SIGNATURE BELOW ACKNOWLEDGES THAT I UNDERSTAND THE ABOVE STATEMENT AND I AGREE TO THE FOLLOWING CONDITIONS:

1. I will not disclose confidential information, including all names and case histories of any client, except as may be required by law and as may be authorized by the Director of the Detention Ministry during and after my period of service. Such a breach of confidentiality may result in termination.
2. I understand that volunteers are required to participate in basic and ongoing training, supervision and evaluation to ensure the best possible service to the incarcerated and satisfaction in serving them.
3. Upon termination of my services, I shall return to the Restorative Justice Director all identification and materials issued to me, which evidence my authority to participate as a Religious Service Volunteer in the Archdiocese.

Signature _____ Date _____

Return to:

Office of Public Policy & Social Concerns
Restorative Justice Program
One Peter Yorke Way
San Francisco, CA 94109

415-614-5572