



**New Haven Juvenile Review Board [JRB] Youth Diversion Team [YDT]  
Community Volunteer Application**

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

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_

Secondary: (        ) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com/org

**How did you hear about this opportunity?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have 5 hours a month to devote to this effort?** Yes / No

**Are you able and willing to attend 6-8 hours of training with the YDT?** Yes / No

**Are you familiar with the idea of Balanced and Restorative Justice?** Yes / No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Can you make a commitment to volunteer for one year?** Yes / No

**Which Days are you able to volunteer:**

Monday      Tuesday      Wednesday      Thursday      Friday

**Please list two people (with their contact information) who would recommend you for this volunteer position.**

1. \_\_\_\_\_

2. \_\_\_\_\_