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# Abbotsford Restorative Justice and Advocacy Association

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## Employee Application

### Section A: General Information

Name: \_\_\_\_\_ Gender:  Male  Female

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

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

1) Have you ever been charged with a criminal offence? Yes  No

2) Are you willing to have an Enhanced Security Clearance and a Vulnerable Sector Check? Yes  No

3) May we discuss the outcome of your record check with you? Yes  No

4) Do you have any health concerns that may affect your participation? Yes  No

If so, please explain: \_\_\_\_\_

### Section B: Employment Information

1) Occupation: \_\_\_\_\_

2) Are you currently employed? Yes  No

3) If yes, please indicate if you are currently working. Full-time  Part-time

4) Name of company or agency: \_\_\_\_\_

5) Position: \_\_\_\_\_

6) May we contact your supervisor for a reference? Yes  No  Name \_\_\_\_\_

7) Can you be contacted during working hours? Yes  No

8) If yes, Business Tel: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

### Section C: Educational Background

1) Please indicate any diplomas, certificates and degrees you have attained.

<u>Certificate, Diploma, Degree</u>	<u>Institution</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2) Are you currently a student? Yes  No

3) If yes, course/program enrolled in: \_\_\_\_\_

**Section D: Opportunities For Involvement**

1) Please indicate the position for which you are applying:

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|----------------------------------------|-----|--------------------------|----|--------------------------|
| Restorative Justice Coordinator        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Restorative Justice Program Assistant  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Restorative Action Program Coordinator | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Restorative Action Program Assistant   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mentoring Program Coordinator          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mentoring Program Assistant            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Executive Assistant                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Administrative Assistant               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Other areas of interest and potential involvement:

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2) Please describe any **formal training** you have received which may be relevant to the employee position you are seeking (e.g. Youth work, Crisis Line training, Victim Assistance training, Conflict Resolution or Mediation training, Critical Incident Stress debriefing, Office Administration, Book-keeping, etc.)

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3) Please describe any relevant **volunteer and/or work experience**:  
(In particular, note any work with youth at risk; knowledge of the criminal justice system; experience in facilitation and conflict resolution; work supporting people who have been through a traumatic experience, project or event planning, committee work, etc.)

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4) Please describe the **skills, knowledge and/or assets** you would bring to the organization (including other languages written and/or spoken including degree of fluency):

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5) What **character strengths** would you bring to the employee position for which you are applying?

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6) Please describe any **personal experiences** or other opportunities you have had, that have influenced your decision to apply:

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### **Section E: Other Information**

1) Are you willing to use your own vehicle for work with this organization? (mileage is reimbursed)

Yes  No  (if yes, please complete the following)

2) Driver's License No. \_\_\_\_\_ Province: \_\_\_\_\_

3) Vehicle Plate No. \_\_\_\_\_ Photocopy of License on file: Yes  No

4) Amount of vehicle 3<sup>rd</sup> party liability insurance: \_\_\_\_\_

Your driver's record will be queried as part of the clearance process.



## **Section H: Agreement and Personal Commitment:**

### 1. Principles:

I believe that Restorative Justice is a way of life based upon living in right relationship with one another within community. I pledge to walk with and work with others upholding restorative principles and values.

### 2. Values:

I will seek to provide service that equally values the intrinsic human worth of those who have been harmed, those who have been harmed and the communities to which they belong.

### 3. Application of Restorative Justice to life skills in everyday living.

**I am committed to and believe that my own actions are guided by the principles of ARJAA which are: caring, compassion, equality, healing, responsibility, truth, honesty, integrity, justice, inclusion, acceptance, trust, respect and I can be loyal to those values which are also values identified in the Charter for Restorative Justice Practitioners.**

**I am committed to the fact that ARJAA relies upon both the spirit of generosity, as well as, the good will of volunteers, employees and community members to ensure its viability and success.**

I agree with these statements and commit myself to complying with their expectations.

Signature of applicant: \_\_\_\_\_

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

## **Section I: References**

Please provide the names and phone numbers of four references. At least two references should be employment or volunteer work-related.

### 1. [Supervisor/Boss]

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

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. [Supervisor/Boss]

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

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**3. [Personal/Peer]**

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

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**4. [Other]**

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

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

***I acknowledge and accept that this application does not guarantee acceptance into the program, and that Abbotsford Restorative Justice and Advocacy Association is under no obligation to accept me in their program at this time, and is not obliged to provide a reason.***

***I affirm that the information given in this application is true. It is understood that the Abbotsford Restorative Justice & Advocacy Association will have final authorization in the approval or rejection of the application and whose decision, or criteria of method of arriving at a decision will not be questioned or objected to by me, and I will bear no grievance against Abbotsford Restorative Justice in this respect. I affirm that the information that I have provided is true to the best of my knowledge and further I grant permission to the Abbotsford Police to conduct all necessary background checks, including a vulnerable sector search on me, my family members, roommates, and/or common law partner as indicated in my security clearance form.***

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

The Abbotsford Restorative Justice and Advocacy Association reserves the right to screen and select appropriate volunteers for the Association, based on our criteria and needs.

Please mail, fax or deliver completed application to:  
Abbotsford Restorative Justice and Advocacy Association  
#105-34194 Marshall Road  
Abbotsford, BC V2S 5E4  
Office: 604-864-4857 Fax: 604-870-4150  
Email: office@arjaa.org

*If you have any further questions or inquiries you may also call our*  
**Executive Director at 604-864-4844 or e-mail at [executivedirector@arjaa.org](mailto:executivedirector@arjaa.org)**