



NEIGHBORHOOD COURT
Solano County District Attorney's Office

VOLUNTEER FACILITATOR APPLICATION

Tell us about yourself! Please write clearly and fill out the entire application. Thank you!

Date of Application _____

Full Name _____

Home Address _____

City _____ Zip Code _____

Home/Alt Phone _____ Cell Phone _____

Email Address _____

Best way to contact you? Home/Alt Phone Cell Phone Email

Date of Birth _____

Place of employment/School attended (if retired or unemployed, please list previous employment) _____

Position or Title/Year _____

Current and/or previous community involvement? _____

Do you speak any foreign languages? Please list: _____

How did you learn about Neighborhood Court? _____

Why would you like to participate as a trained Facilitator in Neighborhood Court? _____

Please list any formal training you have received in mediation, facilitation or other related conflict resolution processes including name of training provider and dates. _____

Please describe your mediation, facilitation or other related experience, including types of mediation and number of years. _____



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What other qualities do you have that would make you a good Neighborhood Court Facilitator? (You may include special skills or strengths you believe are applicable) _____

What do you hope to acquire or learn by being a Neighborhood Court Facilitator? _____

What are your interests and hobbies? _____

Do you follow sources that focus on the criminal justice system such as novels, blogs, the internet, newspapers, TV, or radio? If so, what sources? _____

Please describe your experiences with the criminal justice system? _____

Have you ever had any adverse experiences or contact with a law enforcement agency or the court system?

If so, please explain: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Have you ever been a victim of a crime? Yes No

If yes, please explain: _____

When are you available to volunteer? _____



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Are there any days, hours, or times of the year you are NOT available to volunteer? _____

Do you have any special needs requiring accommodation? _____

References – Please list 2 contacts familiar with your work ethic and capabilities (No relatives please)

Name _____ Phone _____

Relationship to you _____

Name _____ Phone _____

Relationship to you _____

Emergency Contact

Name _____ Phone _____

Relationship to you _____

I hereby certify that the information I provided in this application is true and correct. My signature authorizes the District Attorney's Office to contact my references.

Signature of Applicant: _____ Date: _____

Please return completed application to:
Solano County District Attorney's Office
ATTN: Neighborhood Court
675 Texas St., Ste. 4500
Fairfield, CA 94533
(707) 784-6800