

BACKGROUND INFORMATION

Why do you want to volunteer with the Family Visitation Program?

What skills do you bring to the Family Visitation Program?

AVAILABILITY

Each visit lasts for 1.5 hours. Volunteers are expected to arrive 15 minutes before the visit to prepare, and stay 15 minutes afterwards to wrap-up the visit.

What is your availability? Weekly Every Other Week

	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>
2:00-3:30pm			
3:45-5:15pm			
4:15-5:45pm			
5:30-7:00pm			
6:00-7:30pm			

	<i>Friday</i>
2:00-3:30pm	
4:00-5:30pm	

Have you or anyone in your immediate family used the services of the Family Visitation Program?

Yes: No:

If yes, please explain: _____

Have you ever been convicted of a felony? Yes: No:

If yes, please explain: _____

Have you been convicted of any crime or been involved in any legal action involving

- Domestic Violence? Yes: _____ No: _____
- Child Abuse? Yes: _____ No: _____
- Illegal Substances? Yes: _____ No: _____
- Family Court? Yes: _____ No: _____

If yes, please explain: _____

As an applicant to volunteer with the Family Visitation Program, please be aware that we are working with families from a variety of backgrounds. Families with histories of domestic violence, substance use, mental health issues, divorce and custody, child abuse, and other concerns are clients of the Family Visitation Program. Potential volunteers are encouraged to be aware of any past or present incidences in their own life that may initiate strong emotions or challenges in working with certain situations. Family Visitation Program staff is available to process any concerns with applicants, and/or applicants are encouraged to talk with any professionals or supports in their life who may be of assistance.

Please initial each part:

_____ I have read the position description, core competencies, and am aware of my own potential biases, and I believe that I meet all the requirements for the position.

_____ If selected, I commit to honoring the volunteer role and schedule. I will provide at least 2 weeks' notice if I am unable to perform volunteer responsibilities

PROFESSIONAL/ACADEMIC REFERENCES

Give the reference forms to at least 2 people, one personal and one professional, who can speak to your strengths and contributions to the Family Visitation Program. References must be returned directly to the Mediation Center. All applications and references must be submitted via email to: megh@mediatewnc.org, or via mail to:

The Mediation Center
ATTN: Family Visitation Program
40. North French Broad Ave.
Suite B
Asheville, NC 28801

I have asked the following people to provide references:

Name of Reference	Email Address	Phone



REFERENCE FORM

The Mediation Center: Family Visitation Program

References must be sent directly by the individual filling them out. Please return this form via e-mail to megh@mediatewnc.org, or via mail to: The Mediation Center, ATTN: Family Visitation Program, 40. North French Broad Ave. Suite B. Asheville, NC 28801

Your Name: _____

Name of person you are providing a reference for: _____

The person named above is applying for a volunteer opportunity with the Mediation Center’s Family Visitation Program. A successful volunteer will have experience working with parents/children, emotional maturity, a non-judgmental attitude, comfort with giving feedback and empowering others, and experience with sensitive and confidential information. Their ability to function well as a member of a team as well as to be aware of safety risks is critical. Your honest and objective answers will be very helpful to the selection committee. All references will be reviewed only by those who are part of the volunteer selection process who have a duty to review them. They will not be shared with the applicant. *Thank you for your help and time!*

Indicate the rating that describes (to the extent of your knowledge) the degree to which the applicant has the qualities listed below:

5= Always 4= Usually 3= Sometimes 2= Seldom 1= Never 0= Don't Know

Qualities	5	4	3	2	1	0
Has poise and ease in meeting people						
Relates well people from diverse backgrounds						
Sets appropriate boundaries with children and other adults						
Accepts people of backgrounds different from their own						
Is adaptable, flexible						
Shows good judgment						
Is reliable/dependable						
Adapts well in stressful situations						
Has a professional appearance						
Has a positive attitude						
Communicates in a positive manner						
Communicates in a timely manner						

Comments about any of the items listed above:

1. Please describe the applicant's strengths and skills as they relate to experience working with parents/children, emotional maturity, and experience with sensitive and confidential information

2. Do you have any reservations about recommending this person to volunteer? Yes: _____ No: _____

Comments:

3. How long have you known the applicant?

4. What is your relationship to the applicant?

Your Name: _____

Date: _____

Phone number: _____

Email: _____