



**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