



DRPA Collaborative Civil Court Volunteer Application*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email Address (optional): _____

If employed, your occupation: _____

Place of employment: _____

Educational background: _____

How did you first hear about our training? _____

Have you already completed 25 hours of mediation training? Yes _____ No _____

When? _____ Where? _____

If you are an attorney please provide your bar number. _____ State of issuance _____

Have you ever had a professional license revoked or suspended? Yes _____ No _____

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

If you answered yes to either of the above questions, please attach an explanation to this form.

List any languages other than English that you speak fluently: _____

Check here if you are able to volunteer between 8 am and 4 pm most weekdays: _____

Please provide two names of people willing to act as references for you:

Name: _____ Phone: _____

Name: _____ Phone: _____

I authorize the OC Human Relations Council (OCHRC) to obtain any and all background information from credit reporting agencies. I also understand and agree OCHRC may do a background check itself. I further acknowledge and authorize OCHRC to release all credit and background check information to the Superior Court, other organizations and agencies where OCHRC provides mediators. I hereby waive my rights under the Fair Credit Reporting Act for the OC Human Relations Council respecting the above information.

Signature: _____ Today's date: _____

*All applicants must include a copy of their current California Driver's License or Identification Card.