

**Facilitated Dialogue Program
For Cases of Serious and Violent Crime
Facilitator Application**

PERSONAL INFORMATION (complete entire section)

Name: _____

Address: _____

City State Zip

Home Phone: _____ Work: _____ Cell: _____

Email: _____

County: _____ Place of birth: _____

Race: _____ Gender: _____ Male _____ Female

Age: _____ SSN: _____ - _____ - _____

U.S. Citizen: _____ Yes _____ No

EMPLOYMENT INFORMATION (complete entire section)

Current Employer: _____ Position: _____

Employer's Address: _____

Years of service: _____

Have you previously been employed by Oregon Department of Corrections, Oregon Board of Parole and Probation or Oregon Youth Authority? _____ Yes _____ No

If yes, please specify location and dates of employment: _____

Have you ever been a victim of a person-to-person crime? _____ Yes _____ No

If yes, what crime? _____

CRIMINAL HISTORY INFORMATION (complete entire section)

The criminal history information in this section must be completed. Answering YES to any of these questions does not necessarily preclude you from being selected to participate as a dialogue facilitator. You must also complete the criminal records check form included and return it with the application.

Have you ever served time in an adult correctional facility? ____ Yes ____ No
If yes, indicate years served ____ State _____ ID# _____

Have you ever been a member of a gang? ____ Yes ____ No
If yes, indicate the name and description of the gang: _____

Do you have any criminal charges currently pending? ____ Yes ____ No
If yes, please explain: _____

Are you now or have you ever been on probation or parole? ____ Yes ____ No
If yes, explain: _____

Have you ever been convicted of a crime? ____ Yes ____ No
If yes, please complete the following:
When: _____
Where: _____
Charges: _____
Disposition: _____

Are you related to anyone currently on parole or in an Oregon correctional institution? ____ Yes ____ No If yes, please explain _____

REFERENCES (complete entire section)

Please list three (3) persons other than past employers or relatives who are familiar with your qualifications and characteristics:

1. NAME: _____ Occupation: _____
ADDRESS: _____ Phone: _____
Street City / State / Zip

2. NAME: _____ Occupation: _____
ADDRESS: _____ Phone: _____
Street City / State / Zip

3. NAME: _____ Occupation: _____
ADDRESS: _____ Phone: _____
Street City / State / Zip

RELATED QUESTIONS (complete entire section)

Please answer the following questions and attach the answers to your application. Your answers to all questions should not exceed a total of 3 single-spaced typed pages (no smaller than 12 point font)

1. Why are you interested in this work?
2. What specific personal qualities do you possess that would enable you to facilitate in crimes of severe violence?
3. Serious and violent crime dialogue facilitation can require a significant time commitment often extending over a period of months or even years. Please speak to your availability and long-term commitment.
4. Are you comfortable working with a co-facilitator, designated advisory committee members and a support person during the process?
5. Have you received training regarding victim/crime survivor issues? If yes, please specify.
6. Have you received training regarding offender issues? If yes, please specify.
7. Have you received any mediation or facilitation training? If yes, please specify what type and what core issues were covered.
8. What kind of educational background, professional training or experience do you have that is relevant to providing facilitation services in crimes of severe violence (e.g., knowledge of justice system or restorative justice concepts)?
9. Serious and violent crime dialogue may require you to respond effectively to people's strong emotions. At times, these emotions could be directed to you as a facilitator. How do you deal with strong emotions?
10. What is your cross cultural training and/or experience?

APPLICATION MATERIALS

Please attach a copy of your resume, answers to related questions and completed Request for Background Verification Data to this application.

Send application materials to:

Karen Roddy - Karen.G.Roddy@doc.state.or.us
ODOC Victim Services
82911 Beach Access Road
Umatilla, OR 97882

I certify that all information on this application is true and accurate to the best of my knowledge.

Applicant's signature: _____ **Date:** _____

Print Name: _____

NOTE: Your criminal record check will be shared with both Department of Corrections (DOC) and Oregon Youth Authority. If you are selected as a dialogue facilitator, you will be required to participate in DOC volunteer training.

Evaluation of facilitators is ongoing and selection to attend the training does not guarantee a place as a facilitator in the program.